

PORTALES MUNICIPAL SCHOOLS

EMPLOYEE TRANSFER REQUEST FORM

(Fill out completely, get required signatures and return to Personnel Office)

Name: _____
Last First

Address: _____

Phone: _____

Present Position: _____

Requested Position: _____

License Type: _____ Level: _____

Endorsements: _____

Signature Date

Signature of Current Supervisor Date

(Signature of supervisor indicates he/she is aware employee has made this transfer request)

Central Office Only *****

Transfer approved: _____
Superintendent Date

Copies to: _____ Principal _____ Employee _____ Personnel _____ Payroll