

PLAINVIEW INDEPENDENT SCHOOL DISTRICT

EMPLOYEE TRANSFER FORM

Printed Name of Staff Member Transferring

Today's Date

Current Assignment

Current Campus/Department

Transfer Assignment

Campus/Department

Briefly state reason for transfer:

Signature of Staff Member Transferring

Date

Signature (Sending Principal/Supervisor)

Date

Signature (Receiving Principal/Supervisor)

Date

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Human Resource Services
DEPARTMENT USE ONLY

Approved *Disapproved*

Chief People Officer

Date