



COOLIDGE UNIFIED SCHOOL DISTRICT #21 DISTRICT TRANSFER REQUEST

Employee Name: _____ Requested Transfer Date: _____

CERTIFIED CLASSIFIED ADMINISTRATOR

Current School/Department: _____ Current Position: _____

	Requesting Transfer to School/Department	Position Requested
1st Choice		
2nd Choice		
3rd Choice		

List Current License, Certification and/or Endorsements (if applicable):

PLEASE RESPOND TO THE FOLLOWING QUESTIONS

If you are a certificated or paraprofessional employee, are you highly qualified for the position that you are requesting to be transferred? Yes No

Are you presently on an improvement plan? Yes No

Do you have experience directly related to the position you are requesting? Yes No

Please describe experience or provide other related information:

I verify the information on this form is true to the best of my knowledge.

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____