

**GAINESVILLE CITY SCHOOL SYSTEM  
REQUEST FOR TRANSFER  
LOCATION TO LOCATION  
CERTIFIED/CLASSIFIED**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Work Site: \_\_\_\_\_  
Position Location Grade/Subject (if applicable)

Work Site to Which You Are Requesting Transfer:

	Work Site	Position or Grade/Subject
1)	_____	_____
2)	_____	_____

Reason for Requesting a Transfer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee Date

\_\_\_\_\_  
Signature of Principal or Supervisor Date

*Send copy to Assistant Superintendent for Human Resources*

\_\_\_\_\_  
Signature of Assistant Superintendent Date

\_\_\_\_\_  
Signature of Receiving Principal or Supervisor Date

Acceptance of Transfer Request

Rejection of Transfer Request

Return to Assistant Superintendent to Human Resources