



TEACHER OPEN TRANSFER REQUEST FORM

Teacher Name: _____ Date: _____

Certification(s): _____

Primary Telephone: _____

I AM REQUESTING THE FOLLOWING TRANSFER:

School Year for Transfer: _____

FROM Grade Level and Position: _____

TO Grade Level and Position: _____

Reason for Request: _____

My signature below states that I meet all of the following criteria:

1. Hold a valid Texas teacher certificate in the requested subject area vacancy
2. Am not currently recommended for Non-Renewal or entering into a 4th year probationary status
3. Am not currently on a Teacher in Need of Assistance Plan

I understand that by signing this request, I am not guaranteed a change in my assignment for the upcoming school year.

Employee's Signature

Date

OFFICE USE ONLY

Date Received: _____

By Administrator: _____
Signature of Principal or Superintendent

Teacher Transfer Request: ☐ APPROVED ☐ DENIED

Teacher Notification of Transfer Request Determination:

☐ Email Date Sent: _____ Administrator's Initials _____

☐ Letter Date Sent: _____ Administrator's Initials _____

Spring Creek ISD does not discriminate against anyone due to race, creed, handicap, religion, or national origin; nor shall any person be denied employment because of age, sex, or marital status.