



GREAT FALLS PUBLIC SCHOOLS REQUEST FOR TRANSFER

I. Name _____ Date _____

Contact Phone # _____

Current Bldg Assign _____ Grade/Subject/Program _____

Certification: Class _____ Endorsements _____
Class _____ Endorsements _____

Are you _____ tenured or _____ non-tenured?

II. My request for a transfer is: (one advertised position only)

_____ Grade/Subject/Program _____ Building (list one)

Are you currently endorsed to teach this position? _____ Yes _____ No

III. My reason(s) for requesting a transfer is: _____

Special skills I bring to this position are: _____

IV. BUILDING PRINCIPAL OR SUPERVISOR PLEASE SIGN BELOW:

Principal/Supervisor Date
(My signature indicates that I have been made aware of this request and that I will provide a reference should one be necessary.)

TEACHER: Complete & submit all four copies to the Human Resources Office

V. DISTRICT DETERMINATION:

_____ Approved Transfer to _____ Building _____ Grade/Subj./Program

_____ Not Approved Effective: _____ Date

Requested Principal/Supervisor Date Executive Director Date

When complete, return directly to Human Resources. _____
Human Resource Office Date

Final Distribution: White: Human Resources Office; Pink: Current Building Principal;
Yellow: Requested Principal/Supervisor; Goldenrod: Employee.