La Joya Independent School District

Employee Transfer Request

Name: ______________________ SS#______________________

Address: ______________________ Phone #: ______________________

Present Campus: ______________ Present Assignment: ____________ #of Years At Campus: __________

<u>Certification Status:</u> (Specify Content Area -- ex: Math, ELA, Social Studies, Science)

________EC-4 ________1-8 Elem. Reg. ____________________4-8 Content

________EC-4 Gen. ________1-8 Self-Cont. ____________________6-12 Content

________Sp. Ed. ________4-8 Generalist ____________________8-12 Content

________4-8 Generalist ____________________PK-12 Content

Requested Campus(s): 1st Choice: ______________
2nd Choice: ______________

Requested Assignment(s): 1st Choice: ____________
2nd Choice: ____________

Reason for transfer request: ____

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Employee Signature: ________________________ Date: ____________________

***Please refer to Transfer guidelines for requested timelines; all requirements must be met for consideration of this transfer.**

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Information below needs to be completed by campus principal **<u>accepting or releasing</u>** employee and by the Office of Human Resources. An official letter of approval will be sent to all affected parties by the Office of Human Resources after the transfer process is successfully completed.

New/Replacing:

Signature of Receiving Principal: ____________________________ ______________

Date Approved: ____

Signature of Current Principal: ______________________________

Date Approved: ____

Signature of Office of Human Resources: ________________________

Date Approved: ____