

JUNCTION CITY SCHOOL DISTRICT

LICENSED STAFF REQUEST FOR TRANSFER

TO: Superintendent

FROM: _____

Phone _____

1. Current Assignment _____

Building/Department _____

Subject or Grade Level _____

Time at this Position _____

Present Status: (check one in each column)

- 1st Year Probationary
- 2nd Year Probationary
- 3rd Year Probationary
- Permanent
- Other (please specify) _____
- 50-99% Time
- Full-Time

2. Transfer Request

Building or Department _____ Subject or Grade Level _____

Reasons for Request _____

Employee Signature _____

Date _____

STATEMENT OF PRESENT BUILDING PRINCIPAL OR SUPERVISOR

Comments _____

- Request Approved
- Request Disapproved

Principal/Supervisor Signature _____

Date _____

DISTRICT OFFICE

Action Taken: _____

Superintendent _____

Date _____

Regulation Approved Kathleen Rodden-Nord

Date: October 26, 2009