



Bay City Independent School District

2017-2018

Request for Transfer

DUE to HR: May 11, 2018

Name: _____

Present Assignment: _____

Campus: _____

Position: _____

Requested Change to:

First Choice-----Campus: _____

Position: _____

Second Choice-----Campus: _____

Position: _____

Reason for Wanting Change:

Degree(s): _____ Bachelor's _____ Master's _____ Other

Teaching Field(s): (Certification) _____

Number of years teaching experience: _____ Total _____ Bay City ISD

Employee's Signature

Date

Principal's Signature

Date

Central Administration ONLY: DO NOT WRITE BELOW THIS LINE

Conference: _____ Yes _____ No

Result:

Deposition: _____ Transfer Granted To:

Campus: _____ Position: _____

_____ Transfer Refused

_____ No Vacancy at present, but request will be kept current and considered as vacancies occur

Chief Human Resource/Federal Compliance Officer

Date