

VOLUNTARY TRANSFER

PERSONAL INFORMATION

Employee #: _____			
Name: _____			
(Last)	(First)	(M)	
Current Address: _____			
(Street/PO Box)	(City)	(State)	(Zip)
Phone #: _____		Alternate: _____	

TRANSFER INFORMATION

FROM				TO			
School: _____				School: _____			
Position/Grade/Subject: _____				Position/Grade/Subject: _____			
Days per year: _____		Hours per day: _____		Days per year: _____		Hours per day: _____	
Full-time	Part-time	Certificated	Classified	Full-time	Part-time	Certificated	Classified

Reason for Request/Comments (optional): _____

I, the undersigned employee of the Baldwin County Board of Education, hereby initiate a request for voluntary transfer as stated above.

I hereby waive any further notice of my transfer, including but not limited to, the requirements provided for in Act No. 2011-270 (the Students First Act). As a consequence of the foregoing, I understand that the Board's action concerning my transfer will be final.

Employee Signature

Date

PRINCIPAL/SITE ADMINISTRATOR AUTHORIZATION

Request Approved: Yes No	
Comments:	
_____ Principal/Site Administrator Signature	_____ Date

TRANSFER FORM AND RECOMMENDATION ARE REQUIRED FOR SUBMISSION TO THE BOARD FOR APPROVAL!!