

**LAWRENCE COUNTY SCHOOL SYSTEM
TRANSFER REQUEST FORM**

Name: _____ **Date of Request:** _____

Current School: _____ **Current Position:** _____

School or Site of Desired Position: _____

Position Desired: _____

Reason for Request:

I have discussed my desire to possibly transfer with my supervisor and he/she is fully aware of my interest in this position.

Phone Number: _____

Signature of Supervisor

_____/_____/_____

Date

Signature of Employee

_____/_____/_____

Date

