

ROCK HILL SCHOOL DISTRICT THREE
Rock Hill, South Carolina

Challenger Transfer Request

NOTE: This transfer request is valid until the requested position has been filled.

Date _____

Name _____ **SSN** _____

Present Location _____

Current Challenger Position (s) _____

Years experience in current position _____

Desired Location _____

Desired Challenger Position (s) _____

I am asking for a transfer because _____

Date _____

Site Director Signature _____