



South Panola School District

209 Boothe Street, Batesville Ms 38606

TEACHER TRANSFER REQUEST

TO: Administrator, Personnel Services

FROM: _____

(Employee Name)

Contact Ph. Number _____

Current License Number _____

Highly Qualified Status Y N

Area(s) of endorsement _____

From	TO (Choices)	Subject/Area
_____	1 st _____	_____
School/Location	2 nd _____	_____
	3 rd _____	_____

Elementary shall indicate specific grade such as K, 1st, 2nd, 3rd, 4th, or 5th. **Secondary** shall indicate specific subject area such as "Social Studies", "Science", or "Language Arts".

Note: *There is no guarantee that your assignment will be changed; however, the District will consider all requests and grant/deny transfers based on instructional programming, student/building needs and teaching certification/experience/seniority. Assignment is the prerogative of the School Principal/District Administrator.*

Teacher's Signature _____ Date _____

Releasing Principal () Approved () Disapproved	Receiving Principal () Approved () Disapproved
Signature _____	Signature _____
Date _____	Date _____

DO NOT WRITE BELOW – FOR PERSONNEL SERVICES DEPARTMENT

Request approved: Yes () No ()

Comments: _____

Signature _____

Date _____