

**BOGALUSA CITY SCHOOL SYSTEM
EMPLOYEE REQUEST FOR VOLUNTARY TRANSFER
SCHOOL YEAR**

Name: _____

Address: _____

Home Telephone: _____ Alternate Telephone: _____

Current School Location and Position: _____

List the school(s) to which you would like to transfer: _____

List the teaching positions you would like to transfer (subject, grade level, etc.). You must be

List your area(s) of certification: _____

List the subjects in which you are Highly Qualified under NCLB: _____

Are you currently teaching on an Out-of Field Authority to Teach (OFAT)? YES NO

I am hereby requesting consideration for a teaching position for which I am qualified at any of the schools listed above. My signature below confirms that I grant permission for an administrator who is considering me for a position at his/her school to review my personnel file.

Employee's Signature

Date

I confirm this employee is not currently on an Intensive Assistance Plan.

Principal's Signature

Date

**HUMAN RESOURCE OFFICE
USE ONLY**