



Livingston Parish Public Schools

REQUEST FOR TRANSFER
Certified Employee

OFFICE USE ONLY - APPROVAL
HR
SPED
SFS
TI/II/III
JOB CLASS

Employee Name: Date:

Phone No: PC# Employee #

CHECK ONE: [ ] REGULAR EDUCATION [ ] SPECIAL EDUCATION

[ ] Teacher Grade(s) Subject(s)

[ ] Other Position

I am requesting a transfer from:

(School A) as a (Position) to

(School B) as a (Position) Teachers: Grade / Subject

In the place of (Name) (Employee #)

Effective dates to

I understand that all three (3) signatures must be obtained before transfer will be considered for approval.

(Employee Signature) has approved this transfer.

Principal's Signature (School A) has approved this transfer.

Principal's Signature (School B) has approved this transfer.

Is the recommended employee related to the principal? [ ] Yes [ ] No

Office Use Only

[ ] Certified [ ] Non-Certified

Area

Certificate #

Apply For:

[ ] OFAT [ ] TAT [ ] PL [ ] Ancillary [ ] CTTIE

Other