

# LA JOYA INDEPENDENT SCHOOL DISTRICT

## Office of Human Resources Employee Transfer Request

Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Current Campus	Current Assignment	# of Years at Current Campus

**SBEC Certification:** Please attach a copy of your SBEC certificate.

Campus Requested	Assignment Available

Reason for transfer request: \_\_\_\_\_  
\_\_\_\_\_

	Print Name	Signature	Date
Employee			
*Receiving Principal			
Current Principal			

\*To be completed by receiving principal:

Replacing: \_\_\_\_\_ or \_\_\_\_\_ New Position

For Human Resources Office Only:	
Date Received:	Date Processed:
	Please indicate date next to initials:  Approved by: _____  Letter Prepared: _____  Letter Delivered: _____