

REQUEST FOR TRANSFER

Kankakee School District 111
Department of Human Resources

Directions: This form must be approved by the teacher and his/her current administrator; and, the proposed future administrator (if transfer request is honored). Completed form should be submitted to Human Resources, LCC.

Name of Teacher: _____
Print or Type: Last Name First Name Middle

Home Address: _____
Street Address City State Zip

Current Teaching Assignment:

School Subject Grade

Date of hire (KSD 111): _____ How long in this assignment? _____

Requesting **Transfer to** (*please provide first and second choices*):

First Choice

School Subject Grade

Second Choice

School Subject Grade

Please provide brief explanation for transfer request: _____

Current certificate(s) held: _____

Subjects or teaching fields in which certified: _____

Teacher Date

Current Administrator Date

Future Administrator Date

-----**For Human Resources Use Only – Do Not Write Below This Line**-----

APPROVALS (*The signatures below verify that the transfer request is approved.*)

Assistant Superintendent for Human Resources Date