**BERNALILLO PUBLIC SCHOOLS**

TRANSFER REQUEST FORM

**(Only Accepted for SY 2022-2023)**

All requests for reassignment are subject to approval by the Superintendent. Please complete this form and submit to the Office of Human Resources. Your request will be forwarded to the Superintendent for review.

Employee Name: \_ Present Assignment:

Date: Location: \_

I am formally requesting to be reassigned to the vacant position specified below:

|  |  |  |
| --- | --- | --- |
| Position Title | Location | Grade Level (if applicable) |
|  |  |  |

Describe briefly below the reasons why you are requesting this transfer. How will this benefit the school, department and district? Please complete question on reverse side.

TO BE COMPLETED BY CURRENT SUPERVISOR

I have discussed and am aware of this reassignment request.

* I support this request.
* I do not support this request.

Comments: Supervisor Signature

**\*\*\* To Be Completed by HR Office ONLY \*\*\***

Office Use Only RECEIVING SUPERVISOR

* Supports the request.
* Does not support the request.
* Is asking that interested parties apply & interview.

Comments:

Verified by:

SUPERINTENDENT APPROVAL

* I hereby approve the employee's request for a transfer
* I hereby deny the employee's request for a transfer.

Superintendent Signature: Date: \_

Describe briefly below the reasons why you are requesting this transfer. How will this benefit the school, department and district? Please complete question on reverse side.

Employee Signature \_ Date: \_

*Revised 7/1/2021*