PERSHING COUNTY SCHOOL DISTRICT
TRANSFER AND/OR REASSIGNMENT FORM

NAME: _____ PRESENT SCHOOL: _____

MAILING
ADDRESS: _____HOME PHONE: _____

EMAIL ADDRESS: _____

I am requesting a transfer and/or reassignment to _____
school to be considered for the position of _____

YEARS
EXPERIENCE: IN DISTRICT _____ PRESENT SCHOOL_____
PRESENT POSITION_____ OUTSIDE DISTRICT_____

SUMMARY OF PROFESSIONAL EXPERIENCE:

_____

_____

_____

LICENSES NOW HELD:

_____
Expiration Date

_____
Expiration Date

_____
Expiration Date

PREPARATION: MAJOR(S): _____
MINOR(S): _____

SPECIAL TRAINING RELEVANT TO THE POSITION REQUESTED:

_____

_____

EXTRACURRICULAR COMPETENCIES:

_____

_____

REASONS FOR DESIRING A TRANSFER AND/OR REASSIGNMENT:

_____

_____

_____
SIGNATURE DATE

(Note: Though each request for transfer and/or reassignment will be given careful consideration, transfers/reassignments will only be made when necessary to meet the needs of the District.)