

LANCASTER I.S.D. TRANSFER REQUEST APPLICATION for 2009-2010 SCHOOL YEAR

I. TO BE COMPLETED BY TEACHER MAKING THE REQUEST

Employee ID: _____

Home Address: _____
Street City Zip AC Number
 Phone: (____) _____
First MI Last

Summer Address: _____
Street City Zip AC Number
 Phone: (____) _____

Current Assignment: Campus: _____ Subject/Grade _____

Including this Year: Total Years LISD Service: _____ Years Current Assignment: _____

Certified In: _____

Subjects/grade levels certified to teach as stated on your Texas Teaching Certificate:	List prior LISD teaching experience: month/yr school subj/grade fr to

II. DESIRED ASSIGNMENT: Use the space below to request a transfer to ONE OF THE FOLLOWING CAMPUSES:
 Select in order of preference. (Note: Do not list your current location below.)

Name of School	Subject/Grade
1)	
2)	

Preference in extracurricular activity: _____

Actual extracurricular experience: _____

Employee's Signature: _____ Date: _____

III. Current Principal's Signature: _____ Date: _____

IV. Receiving Principal's Signature: _____ Date: _____

V. Director of Human Resources: Approved: _____ Denied _____
 Signature: _____