

KERNVILLE UNION SCHOOL DISTRICT
TRANSFER REQUEST FORM - CERTIFICATED PERSONNEL

Date _____

Name _____
(Please Print) Last First M.I.

Present Position _____
Grade School Subject(s)

Position(s) Requested - To Be Listed In Order of Priority: (Optional)

1st Choice: _____
Grade School Subject

2nd Choice: _____
Grade School Subject

3rd Choice: _____
Grade School Subject

1. Specific requirements of the position for which I am qualified. Please list: _____

2. The needs of the instructional program that I can meet are: _____

3. The credential(s) I hold are: _____

4. The degree(s) I hold are: _____

5. I have recently had the following training/experience: _____

6. I have the following special skills/aptitudes: _____

7. I have been employed by the district for _____ years, since _____

Date _____ Signature _____

Principal's Acknowledgement of Request:

Date _____ Signature _____

Superintendent's Acknowledgement of Request:

Date _____ Signature _____