

## Chester Upland School District Transfer Request Form

Last Name	First Name	Date of Request
Current School	Current Assignment	
Certification	<input type="checkbox"/> Elementary <span style="margin-left: 150px;"><input type="checkbox"/> Secondary</span>	
List school(s) in order of preference:		
1.	2.	3.
Reason for Request:		
I understand that this request supersedes all previous transfer requests and until acted upon or withdrawn shall remain valid until May 15 of the next school year.		
_____ Signature of Employee	_____ Date	
_____ Signature of Principal/Supervisor	_____ Date	
_____ Signature of Superintendent/Designee	_____ Date	
<input type="checkbox"/> Approved		
<input type="checkbox"/> Not Approved (with reason):		
Please make three copies: Human Resources Principal/Supervisor Employee		