

PICKENS COUNTY SCHOOLS

Official Request for Transfer

NAME: _____ DATE: _____

This is to officially request a transfer from my position of

_____ at _____
(school)

to the position of _____ at

(school)

(signature)

ACKNOWLEDGMENT SIGNATURES

Current Principal/Supervisor: _____ Date: _____

Prospective Principal/Supervisor: _____ Date: _____

RECOMMENDATION OF SUPERINTENDENT

Recommendation for transfer: YES _____ NO _____

If approved, transfer will become effective on _____
(date)

(Superintendent's Signature) _____
(date)

Transfer approved by the Pickens County Board of Education on _____.

NOTE:

- **Only tenured personnel are eligible to request transfers**
- **Acknowledgment signatures of current and prospective principals/supervisors do not constitute approval of transfer request.**