THE SCHOOL BOARD OF NASSAU COUNTY, FLORIDA

TRANSFER REQUEST

Please check the appropriate line

_____ **Instructional**

_____ **Noninstructional**

NAME _____

PRESENT FACILITY _____

PRESENT POSITION _____

FACILITY WITH VACANCY _____

VACANT POSITION _____

BEGINNING DATE OF POSTING _____

EFFECTIVE DATE _____

PART I. **TO BE COMPLETED BY APPLICANT**

I am requesting a release to apply for the position listed above and a release to accept the position if I am recommended by the Principal/Supervisor.

_____ _____

Signature of Applicant **Date**

PART II. **TO BE COMPLETED BY RELEASING PRINCIPAL/SUPERVISOR**

Please check the appropriate line

_____ approved _____ disapproved

_____ _____

Signature of Releasing Principal/Supervisor **Date**

PART III. **TO BE COMPLETED BY RECEIVING PRINCIPAL/SUPERVISOR**

Required only if applicant is to be recommended for the above position

CHECK ONE:
New Position ( ) Replacement for ( ) _____

Type in Name

_____ _____

Signature of Receiving Principal/Supervisor **Date**

_____ _____

Signature of Superintendent **Date**

Copies to: Personnel
Association
Employee