

NIAGARA FALLS BOARD OF EDUCATION
OFFICE OF HUMAN RESOURCES
NIAGARA FALLS, NEW YORK 14304

TRANSFER REQUEST

Instructions: Submit this form in single copy directly to the Office of Human Resources prior to May 1st. Except as administrative needs require, transfers will not be effective before September 1st of each school year. Applicants for transfer will receive notice of the disposition of their requests at the earliest feasible date.

Name _____

Address: _____ Telephone: _____

Present assignment: _____ Grade/Subject: _____

Assignment requested: _____ Grade/Subject: _____

Teaching certificates held:

<u>Area</u>	<u>State</u>	<u>Expiration date</u>	<u>Type</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for request: _____

I understand that this (is is not) a transfer out of my tenure area.*
(circle one)

Signature _____ Date _____

FOR ADMINISTRATIVE USE

Approved:

Superintendent

Date