



DEPARTMENT OF EDUCATION  
HUMAN RESOURCES DIVISION  
REQUEST FOR PERSONNEL ACTION



K. ERIK SWANSON, PhD.  
Superintendent of Education

KATHERINE M.P. ADA  
Personnel Services Administrator

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Title: \_\_\_\_\_

School/Division: \_\_\_\_\_

**NATURE OF ACTION:**

- ☐ Change of Name (Must attach supporting document)  
☐ Transfer Request (Non-Instructional Personnel only)  
☐ Other (Specify) \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Reason: \_\_\_\_\_

Effective Date: \_\_\_\_\_ (For transfers - do you have immediate family members currently employed at the receiving school? Yes or No. If yes, identify: \_\_\_\_\_.)

**I UNDERSTAND THE FOLLOWING STIPULATIONS:**

1. This request is valid only for one (1) year and if no transfer occurs, a request again is required.
2. A transfer may only be made to a vacant position or as approved by the authority and in compliance with Rule 903.200 on nepotism by disclosing if an immediate family member is employed at the receiving school.
3. The current and receiving school principals' / division heads must acknowledge the transfer request.
4. The Superintendent of Education reviews all transfer requests for final approval.

\_\_\_\_\_  
Employee Signature Date: \_\_\_\_\_

CURRENT SCHOOL PRINCIPAL / DIVISION HEAD	RECEIVING SCHOOL PRINCIPAL / DIVISION HEAD
<input type="checkbox"/> ACKNOWLEDGEMENT ONLY <input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED	<input type="checkbox"/> ACKNOWLEDGEMENT ONLY <input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED
Comments: _____ _____ _____	Comments: _____ _____ _____
Signature: _____	Signature: _____
Date: _____	Date: _____

SUPERINTENDENT OF EDUCATION	HUMAN RESOURCES DIVISION
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	To: _____ Personnel Specialist
_____ K. ERIK SWANSON, PhD.	Comments: _____ _____ _____
Date: _____	_____ KATHERINE M.P. ADA Personnel Services Administrator
	Date: _____