



Texas City Independent School District

1700 Ninth Avenue North, P. O. Box 1150, Texas City, TX 77592-1150

Teacher/Paraprofessional Transfer Request

Name: _____ Home Phone: _____

Home Address: _____

Presently Assigned School: _____ Subject/Grade: _____

I am requesting a transfer to: (School) _____
for the school year _____.

1. Please state below your reason(s) for requesting a transfer:

2. Degree(s): _____ Bachelor's _____ Master's _____ Other

3. College Major: _____

Teaching Field(s): (Certification) _____

4. Number of years teaching experience: _____ Total _____ Texas City

Employee's Signature *Date*

PRINCIPAL: (Please complete this section.)

1. I have discussed this request with the employee. _____ Yes _____ No
2. I _____do _____do not recommend approval of this transfer request.

Principal's Signature *Date*

DO NOT WRITE BELOW THIS LINE – FOR HUMAN RESOURCE OFFICE USE ONLY

Action taken on transfer request:

1. _____ Transfer not granted
2. _____ Transfer granted to _____
School

Asst. Supt. of Human Resources *Date*