

PICKENS COUNTY SCHOOL SYSTEM

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: \_\_\_\_\_ Date: \_\_\_\_\_

Prospective Principal: \_\_\_\_\_ 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 teachers are eligible to request transfers
- Acknowledgment signatures of current and prospective principals do not constitute approval of transfer request.