

APPENDIX D - TRANSFER REQUEST FORM

CHIPPEWA HILLS SCHOOL DISTRICT  
REQUEST FOR TRANSFER

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

Name of member \_\_\_\_\_

Present position \_\_\_\_\_

Building presently assigned \_\_\_\_\_

Grade or position sought \_\_\_\_\_

Building requested \_\_\_\_\_

Reason for request for transfer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic qualifications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_

\*\*\*\*\*

DISPOSITION

Request approved \_\_\_\_\_

Request denied \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Signed \_\_\_\_\_

Note: Complete in triplicate. Submit two (2) copies to the superintendent and one (1) copy to the Association.

Article 10 Paragraph B Section 2  
Master Agreement