

Rescue Union School District

REQUEST FOR VOLUNTARY REASSIGNMENT/TRANSFER Certificated Employees

<i>This is to request that consideration be given to a voluntary reassignment for the next school year. This form must be submitted to Virginia Tahmahkera, DO.</i>	
Employee Name:	Date:
Current School Site:	Current Assignment:
I hold a: Multiple Subj. <input type="checkbox"/> Single Subj. <input type="checkbox"/> Subject(s): _____, with Supplemental <input type="checkbox"/> or Subject Matter Authorization(s): _____	
SITE Reassignment Transfer Information:	
Grade(s) / Subject(s):	Period:
Employee Signature:	Date:
Principal Signature:	Date:

RUFT Article VII – # 2 and # 3.

DISTRICT OFFICE USE ONLY:	
<input type="checkbox"/> Not approved at this time	
<input type="checkbox"/> Approved pending final enrollment and class configuration for the next school year	
<input type="checkbox"/> **Verified by Human Resources By: _____ Date: _____	
Director of Human Resources Signature:	Date:

“Educating for the Future”