



**SANTA MARIA INDEPENDENT SCHOOL DISTRICT**  
**P. O. Box 448 / Santa Maria, Texas 78592**  
**(956) 565-6308 ext. 1010 FAX #'s (956) 565-0598**

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

ID #: \_\_\_\_\_ Phone #: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

Present Campus and/or Department: \_\_\_\_\_

Present Work Assignment: \_\_\_\_\_

Areas of Certification: \_\_\_\_\_  
-----  
-----

Requested Campus/Department: \_\_\_\_\_

Requested Assignment: \_\_\_\_\_

Reason for Transfer Request: \_\_\_\_\_  
-----  
-----

**Please Note:**

1. The Employee Transfer Request Form is an employee application form for an existing vacancy which must be submitted to the Human Resources Department by the employee requesting the transfer and not submitted directly to the campus(es) requested.
2. The Employee Transfer Request Form **will only** be accepted for positions vacant at the time the transfer is submitted. **Employee must be Highly Qualified and have full certification as applicable.**
3. Professional courtesy dictates that the employee's present Principal/Director be notified of an employee's intent to request a transfer. Consequently, **Transfer Requests will only be accepted once the current Principal/Director acknowledges receipt of notification.**
4. The Employee Transfer Request form may be submitted at any time during the year that a vacancy exists or a new position is established. Employees requesting **a transfer for the next school year** will need the approval of only the receiving Principal/Director if the transfer is accepted for employment by the receiving campus by June 15<sup>th</sup>. After that date, or for transfers during the school year, both the present and receiving Principal/Director must agree to the transfer before approval is granted.
5. The Employee Transfer Request Form will ONLY BE ACTIVE until the position applied for is filled.
6. **Upon the approval of an Employee Transfer, the Office of Human Resources staff will notify all parties.**

Signature of Employee making request \_\_\_\_\_ Date \_\_\_\_\_

Current Principal/Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of receiving Principal/Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of Releasing Principal/Director \_\_\_\_\_ Date \_\_\_\_\_  
(As required – SEE NOTE #4 above)

Signature of Human Resources Designee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_