

Crosby Independent School District

Employee Transfer Request Process

Transfer Requests

Teachers and other eligible employees may request a transfer to another campus/department within the district provided the employee meets the following criteria:

- Must have two years experience on a campus or in a department. **(Any teacher or paraprofessional who was involuntarily moved at the beginning or during the year due to enrollment, etc., will be allowed to request a transfer after one year. The two year requirement will be waived.)*
- Completion of the Transfer Request Form, which must have approval of the current principal or immediate supervisor.

The completed Transfer Request Form must be submitted to the Personnel Office on, or before **March 1** of the year in which the transfer is requested. Requesting a transfer does not ensure that the request will be approved. Transfer approval is based on campus need, principal recommendation and authorization by the Ex. Director of Human Resources.

The Superintendent/designee reserves the right to reassign any teacher or employee.
{Education Code **11.151**}

Instructions for requesting a district transfer

- Complete the attached form; sign.
- Obtain signature of building principal.
- Send form by March 1st to: Donna Fontenot, HR Generalist
- A database of transfer requests will be available to principals through HR..
- Principals will contact for interviews.
- Principal will make recommendations to Ex. Director of HR, Christy CoVan
- HR will send official notification to both administrators and the teacher regarding the decision of the transfer request.

Crosby Independent School District

Professional Staff Request for Transfer

Name: _____ Campus: _____ Date: _____

Beginning date of employment: _____ Employee ID# _____

Present Assignment

Circle grade level(s) and complete current assignment:

Elementary: Pre-K K 1 2 3 4 5 6

Other (art, music, etc.): _____

Secondary: 7 8 9 10 11 12

Subjects(s): _____

All Level Assignment (K-12): _____

Area of Specialization: _____

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Transfer Position Requested

Elementary: Grade Level(s) or area _____

Secondary: Subject Area(s) _____

Campus Preference: _____

Certification: List all certifications _____

Additional Information: _____

I have read and understand the procedures for requesting a transfer.

Employee's Signature _____ Date _____

Principal's Signature _____ Date _____

Due to Personnel Office by March 1

Crosby Independent School District

Paraprofessional Transfer Request

Name: _____ Campus: _____

Beginning date of employment: _____ Employee ID# _____

Present Assignment

(Circle)

Elementary Middle School High School Other: _____

Area(s) of responsibility (ex. Special education-resource; attendance clerk; etc.):

Transfer Assignment Requested

(Circle)

Elementary Middle School High School Other: _____

Campus/Department Preference: _____

Assignment Preference: _____

I have read and understand the procedures for requesting a transfer.

Employee's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Due to Personnel Office by March 1