## Birmingham City Schools

## REQUEST FOR TRANSFER FORM

INSTRUCTIONS: Complete this form and return it to the Human Resources Department. P.O. Box 10007° 2015 Park Place° Birmingham, Alabama 35203

Last Name	First Name		M.I.	Social Security Number
Work Telephone	Home Telephone		Best Place & Time to Call You?	
()			Home or Work Call me between the hours of:	
	.   ()			
Your Current Job, Assignment and Location:				
Location (School)	Position (Custodian, Teacher, etc.)		Assignment (Math, 1st Gr., Special Ed., etc.)	
Your Request:				
A. My Main Goal in this request is to change:  B. Have you previously transferred within this system?				
□ <b>Locations</b> – I want to move to:				
		□ <b>No</b> □ <b>Yes</b> If yes, describe the most recent change (below):		
		(Job & Location) From:		
☐ <b>Other</b> – Please explain:		(Job & Location) To:		
		(00 to 200min) 201		
		What Year?		
Briefly describe your reasons for requesting this change, including any special circumstances that should be				
considered.				
Employee's Signature Date				
Human Resources Department Use Only				
Human Resources Department Use Only				
Date Received: Received by:				
Via:   U.S. Mail   BCS Mail   Union   Supervisor   FC Mail   Fax				
Entored: / / Evnirod: / /			Agenda Da	Board Approval
Entered:// Expired://			Agenda Da	ıc