

Name:	Current Work Site:
Home Address:	City/State/Zip:
Home Telephone:	Work Telephone:
Schools to which Transfer is requested: (You must list spec Employees are only eligible for transfer if they have sp	
OR- please check: All Elementary Schools All Midd	le Schools 🔲 All High Schools
Reason for Desiring Transfer (Optional):	
Employee's Signature	Principal's Signature

This form must be returned no later than March 1, 2024, in order to be considered for the 2024-2025 school year. It is the responsibility of the transfer applicant to provide the following:

- Form emailed to Human Resources at human.resources@dcssga.org
- Copy of this form to current principal
- Copies for each principal where you are requesting a transfer
- Copy for yourself

## **INSTRUCTIONS:**

- **Complete the Classified Transfer Application Form**
- Sign the form
- Have your principal sign the form
- Make copies and distribute as follows:

Copy for current principal

Copies for each principal where you are requesting a transfer

Copy for yourself

- Send to Human Resources, no later than March 1, 2024.
- You will be contacted by the principal if you are selected for an interview.
- You will be notified via email if your transfer has been approved.

or Human Resource Use:	
Your transfer has been accepted to:	Emails to: Current Principal, Receiving Principal, Employee