Transfer Memorandum

Employee Name:

Transferring From: Position: Location:

Last work day:

Transferring To: Position: Location:

Replacing: First work day:

☐ Employee Transfer Request

In response to your request to transfer, the district is placing you at the above site beginning _____.

_____ _____
Employee Signature Date

Approved by:

_____ _____
Transferring from Supervisor Date

☐ Reassignment

This reassignment is based upon District need and is effective as of the date stated above.

Superintendent (Signature)	Date:
Account Code:	Salary:
Director of Finance (Signature)	Date:

Original to: Human Resources then Personnel File

Copy to: Payroll and Benefits
Supervisor
Employee

06/17