



PROFESSIONAL STAFF
ASSIGNMENTS AND TRANSFERS

REQUEST FOR VOLUNTARY TRANSFER

PRINTED NAME: _____

Are you appropriately certified to teach this/these content area(s)? Yes No

Do you have a current and valid Arizona Department of Education certificate in the above content area(s) on file in the District's Human Resources office? Yes No

Do you have a current and valid Arizona Department of Public Safety fingerprint clearance card on file in the District's Human Resources office? Yes No

CURRENT SITE:

AFHS DEHS MHS VHS CWA ND

REQUESTED SITE:

AFHS CVHS DEHS MHS VHS CWA ND

Content Area(s):

1. _____
2. _____
3. _____

Coaching/Sponsor (sport, club, activity):

1. _____
2. _____
3. _____

Reason for the request to transfer:

Signature

Date