

ISSAQUAH SCHOOL DISTRICT

Educational Assistant Request for Transfer Form

Please fill in each section of this form as completely as possible. You may indicate more than one building. Please print the form, sign it and give to your building/program manager. The Personnel Department must receive this form by **May 1st**.

PLEASE NOTE: Eligibility for transfer is determined by satisfactory evaluations.

Employee Name: _____

Current School/Building: _____

Current Position: _____

Work Number: _____ Home Number: _____

TRANSFER REQUEST INFORMATION

Building Requested: _____

Position(s) Requested: _____

Minimum Hours Requested: _____

Building Requested: _____

Position(s) Requested: _____

Minimum Hours Requested: _____

Building Requested: _____

Position(s) Requested: _____

Minimum Hours Requested: _____

Employee's Signature

Date

Principal's/Program Manager Signature

Date

Principal's signature verifies that staff member has Outstanding or Satisfactory ratings on this year's evaluation form.