



WEST CLERMONT LOCAL SCHOOLS

4350 AICHOLTZ ROAD | CINCINNATI, OH 45245 | 513-943-5000
www.westcler.org | info@westcler.org | Facebook.com/westclermont | Twitter @westcler
Natasha Adams, Superintendent | Alana Cropper CPA, Treasurer

Name _____ School _____ Date _____

Address _____ S.S.# _____

Phone _____

I respectfully request that consideration be given for a transfer in assignment. The specific change desired and reasons for this transfer are indicated below:

	PRESENT ASSIGNMENT	DESIRED CHANGE
School		
Grade Level/Subject Area		
Other Assignment		

My reasons for this transfer request are: _____

Policy and guidelines concerning Voluntary Transfers are covered by Board Policy and/or Negotiated Master Agreements.

Instructions: Personnel requesting transfer should confer with the building principal and/or immediate supervisor before making application.

Application for Voluntary Transfer should be completed and given to the building Principal and/or immediate supervisor. Building Principal and/or immediate supervisor should sign the application.

It is the responsibility of the personnel requesting transfer to make sure this form arrives in the personnel office by the deadline date.

Signature of Person Requesting Transfer

Signature of Principal/Supervisor*

**This signature does not indicate approval or disapproval of the transfer request but does acknowledge that the transfer has been requested.*

OFFICE USE ONLY:

Date Received _____

The mission of the West Clermont Local School District is to provide a safe, united, academically challenging environment where all students achieve excellence."

