

**MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
EMPLOYEE TRANSFER REQUEST FORM**

Name: _____ Date: _____

ID #: _____ Phone #: (Home) _____ (Other) _____

Present Campus and/or Department: _____

Present Work Assignment: _____

Areas of Certification: _____

Requested Campus/Department: _____

Requested Assignment: _____

Reason for Transfer Request: _____

Please Note:

1. The Employee Transfer Request Form is an employee application form for an existing vacancy which must be submitted **along with Resume and transcript** via the Internal Applicants link on the MCISD Employment Opportunities webpage.
2. The Employee Transfer Request Form **will only** be accepted for positions vacant at the time the transfer is submitted. **Employee must be Highly Qualified and have full certification as applicable.**
3. Professional courtesy dictates that the employee's present Principal/Director be notified of an employee's intent to request a transfer. Consequently, **Transfer Requests will only be accepted once the current Principal/Director acknowledges receipt of notification.**
4. The Employee Transfer Request form may be submitted at any time during the year that a vacancy exists or a new position is established. Employees requesting **a transfer for the next school year** will need the approval of only the receiving Principal/Director if the transfer is accepted for employment by the receiving campus **by June 10th**. After that date, or for transfers during the school year, both the present and receiving Principal/Director must agree to the transfer before approval is granted.
5. The Employee Transfer Request Form will ONLY BE ACTIVE until the position applied for is filled.
6. **Upon the approval of an Employee Transfer, the Office of Human Resources staff will notify all parties.**

Signature of Employee making request _____ Date _____

**Acknowledgement of Notification by
Current Principal/Director** _____ Date _____

Signature of receiving Principal/Director _____ Date _____

Signature of Releasing Principal/Director _____ Date _____
(As required – SEE NOTE #4 above)

Signature of Human Resources Designee _____ Date _____

Signature of Superintendent _____ Date _____

Mission C.I.S.D. Office of Human Resources
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