

Coffee County Schools
Certified/Teacher Transfer Request

Date _____

I, _____, a teacher at _____
School

do hereby request a transfer to _____ for
School

school year _____.

My reasons for requesting this transfer are: _____

I have discussed this request with my immediate supervisor.

All transfer requests must be approved by the Director of Schools.

Immediate Supervisor of Present School

Return Form to the Central Office (HR) Once All Signatures Have Been Obtained and Form is Complete