

**OFFICE OF HUMAN RESOURCES  
REQUEST FOR TRANSFER FORM**



If you would like to request a transfer, please complete and submit this form to the Office of Human Resources. All requests will be carefully considered, though placements will be determined based on district needs, availability and current vacancies.

**Date:** \_\_\_\_\_

**Name of Employee:** \_\_\_\_\_

**Current Position:** \_\_\_\_\_

**Current School/Location:** \_\_\_\_\_

**Requested Position:** \_\_\_\_\_

**Requested Location:** \_\_\_\_\_

**Please list your current NJDOE/State Licenses:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Reason for Request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may attach an additional explanation sheet.

**Have you informed your immediate supervisor of your request?** ☐ Yes ☐ No

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Immediate Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administration Use Only**

HR Executive Director's Approval: ☐ Yes ☐ No

Signature & Date: \_\_\_\_\_

Department Approval: ☐ Yes ☐ No

Executive Director's Signature & Date: \_\_\_\_\_

Superintendent of Schools 'Approval: ☐ Yes ☐ No

Signature & Date: \_\_\_\_\_