

ROCK HILL SCHOOL DISTRICT THREE OF YORK COUNTY
Rock Hill, South Carolina

Transfer Request Application

Note: This transfer request application is valid until the requested position has been filled.

Name _____ SSN _____

Present Location _____

Current Position (to include grade/subject if applicable) _____

Certification Area(s) _____

Type of Degree(s) Held: Bachelor _____ Bachelor's + 18 hours _____
Master's _____ Ed.S. _____ Ph.D./Ed.D _____

Years experience in district _____ Years experience at present school _____ Total years of experience _____

I am requesting a transfer to _____
(Specific Location)

for the position of _____
(Specific position to include grade/subject if applicable)

Years experience in requested position _____

I am asking for a transfer because _____

Date

Employee Signature

Supervisor Signature