

Talawanda School District  
131 W. Chestnut St  
Oxford, OH 45056

**REQUEST FOR TRANSFER OR RE-ASSIGNMENT**

Name of Staff Member \_\_\_\_\_ Hire Date \_\_\_\_\_

Contact Information: \_\_\_\_\_  
Home Telephone Cell Phone Number e-mail address

Present Position \_\_\_\_\_ Building Hours per day

Position Requested \_\_\_\_\_ Building Hours per day

Reason for Request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information if necessary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete and forward to Rita Lykins, Personnel Department, at the Board of Education Office.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date