



# CAPE GIRARDEAU PUBLIC SCHOOLS

301 NORTH CLARK AVE • CAPE GIRARDEAU, MO 63701 • PHONE: 573-335-1867 • FAX 573-335-1820

## Employee Transfer Request

This form is to be completed by an employee who requests a transfer within the District. Please submit to the Office of Human Resources.

Legal Name: \_\_\_\_\_ ID# \_\_\_\_\_  
(Please Print)

Current Position: \_\_\_\_\_ School/Department: \_\_\_\_\_  
(including grade level and subject if applicable)

I request a transfer to the following position(s)/location(s):

Job Posting #	Position Title	Location
_____	_____	_____
_____	_____	_____

Optional Resume Update - It is suggested that you submit current resume and letters of recommendations. This information will be used by the hiring principal/supervisor during the screening process.

Previous Building(s)	Position(s)	Date(s) of Employment

Brief Explanation of Request: \_\_\_\_\_  
\_\_\_\_\_

Job Skills, Education and Training - What qualifications, training and skills do you have for the position(s) for which you are applying?  
\_\_\_\_\_  
\_\_\_\_\_

Level of Education (check the highest level): \_\_\_ High School \_\_\_ Associate's \_\_\_ Bachelor's \_\_\_ Master's  
\_\_\_ Doctorate \_\_\_ Other (explain): \_\_\_\_\_ Number of college credits: \_\_\_\_\_

Certification(s): \_\_\_\_\_  
\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Optional Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CAO Approval: \_\_\_\_\_ Date: \_\_\_\_\_