EDMONDS SCHOOL DISTRICT NO. 15
Lynnwood, WA 98036-7400

APPLICATION FOR VOLUNTARY TRANSFER

Name_____ Home Phone _____

Present Assignment _____ School _____ School Phone _____

Assignment Sought _____ School _____ Job # _____

Specific State Certification I hold: (including endorsements, if applicable) _____
_____ Date Granted _____

Employment categories (as defined in the spring alphabetical category list) I hold:
_____
_____

Based upon the requirements specified in the job posting, I consider myself qualified for this position for the following reasons: (Please describe qualifications. Attach additional sheets, if desired.)
_____
_____
_____
_____
_____
_____
_____

I hereby give my permission for those responsible for implementing transfers to review my personnel file.

Employee signature: _____

(For Human Resources Use Only)

Transfer 9 Approved 9 Not Selected

Comments:
_____
_____
_____
_____

_____ _____
Signature of Hiring Administrator Date of Notification

Distribution: White, Yellow: Human Resources Pink: Employee