

(#195)

EMPLOYEE TRANSFER REQUEST FORM

(to be completed by employee)

Please fill out the requested data listed below and attach a letter addressed to the Superintendent stating your reasons for a transfer request. Note: Where applicable, please refer to Article 22 - Voluntary Transfers and Reassignments of the contract between TREA and the Toms River Board of Education.

Please Print:

Name: _____ SS#: _____
(As Name Appears on Social Security Card)

Home Address: _____

School/Department: _____ Position: _____

Certification(s) Held: _____

Request Transfer to:

School/Department: _____ Position: _____

Employee Signature: _____ Date: _____

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