

**Millard School District
Request for Assignment Transfer**

Name _____ Date _____

Address _____

Current Assignment _____

School _____ School Year _____

Position Desired _____

School _____ School Year _____

EDUCATORS ONLY:

Are you highly qualified for the desired position? Yes No

If not, are you willing to obtain a highly-qualified status? Yes No

Please explain the reason you would like to transfer to another position/location.

Signature