



Charles F. Mahoney, Jr.
Executive Director

Fayette-Greene-Washington

Intermediate Unit 1

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PROFESSIONAL EMPLOYEE TRANSFER REQUEST

Name: _____ Date: _____

Home Address: _____

Day Time Phone _____ Home Phone _____

Present Position: _____

Years/Months in Present Position: _____



Areas of Certification (list all)



If interested in transferring to a specific area and level of instruction, please indicate: be specific - i.e., Life Skills Support - Secondary.

(A) _____

(B) _____

(C) _____



If interested in transferring to a specific geographic location within the Intermediate Unit, please indicate:



Reason for Transfer Request:

Are you requesting an interview? Yes No

All transfers are subject to and will comply with the current Collective Bargaining Agreement.

Intermediate Unit I does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification in its educational programs, activities or employment practices.