

# OCEAN SPRINGS SCHOOL DISTRICT

P.O. Box 7002

Ocean Springs, MS 39566-7002

## IN DISTRICT TRANSFER TRANSFER MEMO

TO:

FROM:

RE:

I am requesting the transfer of

Employees Name

Position Control Number:

from

Current Position

to

New Position

effective

Date

He/She

will be replacing

Employees Name

Position Control Number:

Approval of request for transfer:

\_\_\_\_\_  
Current Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Future Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Financial Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

Level	<input type="text"/>	<b><u>To be completed by Personnel Office</u></b>
Step	<input type="text"/>	
Authorized By	<input type="text"/>	