

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

Chief Financial Officer

Date

Director of Human Resources

Date

Superintendent

Date

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