



DEPARTMENT OF EDUCATION
HUMAN RESOURCES DIVISION
TEACHER TRANSFER REQUEST FORM



To: Personnel Services Administrator

From: _____ Position Title: _____
Employee's Name/EIN#

Current Teaching Assignment: _____

Email and Best Contact No's: _____

It is requested that I be granted a transfer effective (checkmark one below):

- ☐ The earliest date possible.
- ☐ The first day of school year: _____

FROM	TO (SCHOOL / DIVISION)	SUBJECT / AREA
School / Division	1 st Choice	
	2 nd Choice	
	3 rd Choice	

- **Elementary** – Please indicate the specific grade such as “Kindergarten”, “Primary”, or “Intermediate”, etc.
- **Secondary** – Please indicate specific subject area such as “Social Studies”, “Science”, “Language Arts”, or “Art”, etc.

I UNDERSTAND THE FOLLOWING STIPULATIONS:

- This request is valid only for one (1) year and if no transfer occurs, you must resubmit a new form.
- A transfer can only be made to a vacant teaching position.
- A transfer requires that the teacher meet the qualification and certification requirements for the position.
- The current school principal/division head must acknowledge the transfer request.
- The Superintendent of Education reviews all transfer requests for final approval.
- Please attach your valid Guam Teacher Certification.

Employee's Signature

Date: _____

<p>CURRENT SCHOOL PRINCIPAL / DIVISION HEAD</p> <p><input type="checkbox"/> ACKNOWLEDGEMENT ONLY</p> <p>Comments: _____</p> <p>_____ _____ _____</p> <p>Signature: _____ Date: _____</p>	<p>SUPERINTENDENT OF EDUCATION</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>_____ K. ERIK SWANSON, Ph.D.</p> <p>Date: _____</p>
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