

**Brady Independent School District
Teacher Transfer Request**

Please Print or Type

Teacher Name: _____ Emp ID: _____

Primary Telephone: _____ E-Mail Address _____

I AM REQUESTING THE FOLLOWING TRANSFER:

From (School): _____ Position _____

To (School): _____ Position: _____

My signature below states I meet all of the following criteria:

1. Hold a valid Texas teacher certificate in the requested subject area vacancy
2. Meet fully "Certified" standards of ESSA for the position
3. Must not be entering 4th year probationary status
4. Must not be on a Prescriptive Plan for Assistance (PPA)

My signature confirms that I met the above stated criteria and I can only accept one transfer during the transfer period.

Teacher's Signature: _____ Date: _____

Current Principal's Signature: _____ Date: _____

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To be completed by the receiving Principal:

To teach subject/level: _____

Teacher is certified for this position: _____ Yes _____ No

My signature confirms I have obtained a reference from the teacher's current principal and the teacher meets the criteria outlined above:

Principal's Signature: _____ School: _____ Date: _____

**Once completed, the requesting teacher must send the form to the Administration Office,
Attn: Barbara Landry**