

**BUCYRUS CITY SCHOOL DISTRICT
TEACHER REQUEST FOR TRANSFER FORM**

Please complete this form in duplicate and forward both copies to the superintendent for his approval or rejection. Copies will then be returned or retained as follows: 1) Original - retained by superintendent, and 2) duplicate returned to the person requesting transfer.

A. General Information: Josephine Miller

Number of years in school system: 5 total, 4 in Bucyrus City Schools Number of year in present position: 3

B. Present Position: 4th Grade Teacher

Other positions held in this school system:

1. 5th Grade ELA Teacher Dates 2019-2020 school year

2. _____ Dates _____

3. _____ Dates _____

C. Transfer Requested:

Name of school: Bucyrus Elementary School Position 4th Title I Teacher

Reason(s) for request: I have always wanted to be a Title I teacher. I am

familiar with the fourth grade standards and curriculum, as well as the students in this district. I feel confident I can positively impact students in this role.

Qualifications for position:

Licences: Middle Childhood 4-9 in Reading and Language Arts
P-3 Early Childhood with 4-5 Generalist

I have completed the reading endorsement requirements in college. I'm currently working with ODE to add the endorsement to my license.

Signature

Applicant

D. Disposition of Request (check one)

Approved ☒

Rejected ☐

If request is rejected, the reason(s) follow: _____

Superintendent's Signature