

**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:

Number of years
in school system: 4

Number of years in
present position: 3

B. Present Position:

Other positions held in this school system:

1. M.S. Co-taught Dates _____

2. _____ Dates _____

3. _____ Dates _____

C. Transfer Requested:

Name of school: B.S.S Position Alternative Program Intervention Specialist

Reason(s) for request: To help support the students

Qualifications for position: ODE certified teacher

Signature Shane V. Kenner
Applicant

D. Disposition of Request (check one)

Approved ☒ for 5/24-25 Rejected _____

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

Superintendent's Signature Robert J. [Signature]