

**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: 2

Number of years in
present position: 2

B. Present Position:

Other positions held in this school system:

1. M.S. Intervention Specialist Dates _____

2. _____ Dates _____

3. _____ Dates _____

C. Transfer Requested:

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

Reason(s) for request: Support Students of greatest need

Qualifications for position: Ohio Department of Education
Licensure - Intervention Specialist

Signature [Signature]
Applicant

D. Disposition of Request (check one)

Approved ☒ Rejected _____

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

Superintendent's Signature [Signature]