

# TAUNTON Public Schools

Taunton, Massachusetts

Phone: 508-821-1179; 508-821-1214

Fax: 508-821-1177

Name: \_\_\_\_\_ Seniority Date: \_\_\_\_\_

Current Assignment: \_\_\_\_\_ at \_\_\_\_\_ School.

Home Phone #: \_\_\_\_\_

I request consideration for transfer to the position described in:

Job Post #: \_\_\_\_\_ Job Title: \_\_\_\_\_ School: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If several positions are offered under one posting notice, please complete the following according to preference:

Choice	Posting #	Job Title
1		
2		
3		
4		
5		
6		

**PLEASE RETURN THIS FORM TO THE OFFICE OF THE SUPERINTENDENT, PRIOR TO THE EXPIRATION OF THE POSTING.**

**Reason for Transfer:**