

**Baldwin County Schools  
Administrative Transfer Form**

I am requesting that \_\_\_\_\_ (name of employee) be transferred from \_\_\_\_\_ (present work location) to \_\_\_\_\_ (new work location).

Present job title \_\_\_\_\_.

New job title \_\_\_\_\_.

New job previously held by \_\_\_\_\_.

The scheduled date for the transfer is \_\_\_\_\_.

The current pay status will not change unless a new salary schedule is noted below.

Salary Change \_\_\_\_\_ Yes \_\_\_\_\_ No

Local salary schedule \_\_\_\_\_ Level \_\_\_\_\_ Step \_\_\_\_\_

State Schedule \_\_\_\_\_ State Supplement \_\_\_\_\_

Local Supplement \_\_\_\_\_

**Authorized Signatures**

<b>Departing Location</b>	<b>Personnel Director</b>
<b>Principal/Supervisor</b>	<b>Date:</b>
<b>Receiving Location</b>	<b>Finance Officer</b>
<b>Principal / Supervisor</b>	<b>Date:</b>
<b>Superintendent's Signature</b>	<b>Date:</b>
<b>Date Approved by BOE:</b>	