

# REQUEST FOR TRANSFER – CERTIFICATED

POWAY UNIFIED SCHOOL DISTRICT  
15250 Avenue of Science, CA 92128-3406

Name:

Date:

Present Location:

Present Grade/Subject:

Requested Location(s):

Requested Grade(s)/Subject(s):

*Written notification to current principal required. – Principal recommendation not needed. Please copy your principal on the email when you submit this form to [lesanchez@powayusd.com](mailto:lesanchez@powayusd.com).*

*Employee Signature (Type your name here)*

Date

### Contact Information:

Cell Phone #

Home Phone #

Email Address

### Approved:

*Associate Superintendent, Personnel  
Support Services*

Date