

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 56
Frankfort • Searsport • Stockton Springs

IN-HOUSE TRANSFER REQUEST

Name _____

Today's Date _____

Address _____

Home phone _____

CURRENT POSITION _____

Building _____

Hours _____

How long have you worked in the District? _____

APPLYING FOR: _____

POSITION

Days _____

Hours _____

Please attach a cover letter explaining why you wish to transfer to another position.

RETURN REQUEST FORM AND LETTER TO:

Office of the Superintendent
6 Mortland Road
Searsport, ME 04974