

Hobbs Municipal Schools

Central Office

1515 East Sanger

P. O. Box 1030

Hobbs, New Mexico 88241

575-433-0100

575-433-0140 fax

Employee Transfer Request Form

**Fill out completely, give a copy to your supervisor and return to the Personnel Office
on or before April 1.**

Date of Request: _____

Name (last, first, middle): _____

Present Position: _____

Present Location: _____

Requested Position: _____

Please list, in order of preference, grade level or subject area(s) you are requesting to teach.

Requested Location: _____

Your home mailing address: _____

_____ Please initial indicating that you have provided a copy of this request to your supervisor.

Employee's Signature (Required)

Date

For Office Use Only

Transfer Request processed: _____

Transfer Request Approved: _____