



**LOWNDES COUNTY PUBLIC SCHOOLS**  
**Transfer Recommendation Form**

School Year \_\_\_\_\_

School Site \_\_\_\_\_

Administrator \_\_\_\_\_

Name	Position From	Position To	Grade/Subject	Funding Source	Effective Date

Principal/Supervisor/Director \_\_\_\_\_

Date \_\_\_\_\_

Human Resource Director \_\_\_\_\_

Date \_\_\_\_\_

Superintendent \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_

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