



Human Resources Services
Request for Transfer or Reassignment
(Certificated Employees)

Instructions: This form is to be used only by permanent certificated employees who wish to request a transfer or reassignment. A separate form is required for each school year. **Requests submitted to Human Resources Department by the deadline of March 15 of the current school year are for the subsequent school year.**

School Year _____

Name (Print) _____ Employee ID _____

Home Address _____ Email Address _____

City/State/Zip _____ Phone/Cell _____

Present Position Title _____ Part Time/Full Time _____

Present Location _____ Grade/Subject _____

Seniority Date _____ Credential(s) _____

<input type="checkbox"/> Requesting Transfer: Position Title _____ School Site _____ Grade/Subject _____ Position Title _____ School Site _____ Grade/Subject _____	<input type="checkbox"/> Requesting Reassignment: Position Title _____ Grade/Subject _____ Position Title _____ Grade/Subject _____
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Reason for Request/Comments: _____

Today's Date _____ Employee Signature _____

HR USE ONLY:

Approved Denied/Explanation _____

School Year	Site/Location	Position Title	FTE	Comments

 Superintendent or Designee _____
 Date