



Santa Paula Unified School District
CLASSIFIED HUMAN RESOURCES

TRANSFER REQUEST

A Transfer Request Form will be kept on file and remain valid for the current school year only. At the end of each school year, all submitted Transfer Requests Forms will be discarded. Any employee wishing to request a transfer must submit a Transfer Request Form at the beginning of each school year.

PLEASE PRINT CLEARLY:

First Name: _____ Last Name: _____ CURRENT ASSIGNMENT: Classification: _____ Location: _____ Hours per day: _____ Start: _____ a.m./p.m. End: _____ a.m./p.m.

THIS REQUEST IS FOR: (Check one)

- TRANSFER** from my current position to another position within my same classification as noted below.
- APPOINTMENT TO AN ADDITIONAL POSITION** within my same classification as noted below.
- LATERAL TRANSFER TO A POSITION IN A DIFFERENT CLASSIFICATION** as noted below. (NOTE: Must be in the same salary range as my current classification and is subject to approval by the Director of Classified Human Resources based on the relatedness of the classification).
- VOLUNTARY DEMOTION** to a position in a classification on a lower salary range than my current classification. This is subject to the approval of the Director of Classified Human Resources, contingent upon the relatedness of the classification. I am aware that such a demotion will have an impact on my salary and seniority standing, may require that I serve a new probationary period in the lower classification, and may have impact on other conditions of employment.

REQUEST IS FOR:

CLASSIFICATION: _____

Location: _____ Hrs. per day: ____ Start ____ a.m./p.m. End ____ a.m./p.m.

Employee's Signature: _____ Date: _____

CLASSIFIED HUMAN RESOURCES OFFICE USE ONLY

TRANSFER REQUEST APPROVED FOR ____ LATERAL ____ DEMOTION

TO: _____

Director of Classified Human Resources

Date