SimiValleySchools

SIMI VALLEY UNIFIED SCHOOL DISTRICT
CLASSIFIED PERSONNEL SERVICES
101 W. Cochran Street, Simi Valley, CA 93065

SCHOOL YEAR

____ - ____

REQUEST FOR TRANSFER

Request for Transfer will only be considered prior to scheduling of selection interviews. Requests for Transfer will be held on file for the current fiscal year only. A new Request for Transfer must be filed each fiscal year (July 1).

JOB CLASSIFICATION _____

NAME (Print Clearly) _____

HOME PHONE ( ) - _____ **CELL PHONE** ( ) - _____

E-MAIL _____

CURRENT REGULAR ASSIGNMENT

_____ _____ / _____
Location Hours Per Week / Months Per Year

I REQUEST A TRANSFER AS FOLLOWS:

(Same Weekly Hours & Months Per Year)

☐ TRANSFER to **ANY** other Location / Level / Assignment.

☐ TRANSFER to **ONLY** the Location(s) / Level(s) / Assignment(s) listed below. I understand that I will be considered for transfer only to positions at these locations/levels/assignments:

_____ _____

_____ _____

I REQUEST FOR VOLUNTARY REDUCTION IN HOURS as follows:

(*Less Weekly Hours and/or Fewer Months Per Year)*

NO LESS THAN _____ # of hours per day & **NO MORE THAN** _____ # of hours per day.

- or -

EXACTLY _____ # of hours per day, at

☐ **ANY** School / Level / Department

☐ **ONLY** the following School(s) / Level(s) / Dept(s). _____

_____ Months Per Year: From _____ Months per year To _____ Months per year

Employee Signature _____ **Date** _____

Interviews Scheduled / Declined		
Interview / Decline	Date	Site
1.		
2.		
3.		

Revised 8/19