

TURLOCK UNIFIED SCHOOL DISTRICT
DISTRICT TRANSFER/REASSIGNMENT REQUEST FORM

DUE IN THE HUMAN RESOURCES OFFICE BY CLOSING DATE POSTED ON THE ON-LINE APPLICATION SYSTEM

Date: _____

Association: CSEA TC-AFT

Employee Name: _____ Phone Number: _____

Current Position: _____ Current Site/Department: _____

Work Year (# of days): _____ Current Hours per Day: _____ Years in Position: _____

Current Work Schedule: _____ Current Supervisor's Name: _____

Work History with TUSD (may attach additional page if more space is needed):

Pursuant to Article XI (Transfers, Assignments, Reassignments, Promotions & Demotions) of the collective bargaining agreement between the Turlock Unified School District and the California School Employees Association (CSEA) or Article X (Transfer or Reassignment) of the collective bargaining agreement between the Turlock Unified School District and the Turlock Classified-American Federation of Teachers (TC-AFT), I wish to be considered for a transfer.

I wish to receive consideration for the following position:

Position Job Title: _____ Site: _____

Position #(s) on EdJoin: _____ Closing Date(s) on EdJoin: _____

Interest Statement / Explanation regarding request for transfer:

Employee Signature

Date

Employee may attach letters of recommendation to this form if desired.

Approved by Human Resources office:

Signature: _____

Date: _____