SANTA MARIA INDEPENDENT SCHOOL DISTRICT
Employee Transfer Request Form

Name:_____Date: _____

ID #: _____Phone #: _____

Present Campus and/or Department: _____

Present Work Assignment:_____

Areas of Certification: _____

Requested Campus/Department: _____

Requested Assignment: _____

Reason for Transfer Request: _____

Please Note:

1. The Employee Transfer Request form may be submitted to the district's Office of Human Resources at any time during the year that a vacancy exists or a new position is established.
2. The Employee Transfer Request Form will BE ACTIVE ONLY until the position applied for is filled.
3. **The employee must be Highly Effective and have full certification as applicable to the position.**
4. **All Signatures are required on the transfer form.**
5. **A request for transfer does not guarantee a selection, interview, or change of assignment. The Office of Human Resources staff will notify all parties only when a transfer has been approved.**

Signature of Employee making request _____ Date _____

Signature of Releasing Principal/Director _____ Date _____
(As required – SEE NOTE #4 above)

RELEASE DATE: _____

Signature of Receiving Principal/Director _____ Date _____

Signature of Superintendent of Schools _____ Date _____

It is the policy of Santa Maria ISD not to discriminate on the basis of race, color, national origin, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.