

SUMMER FORM

**PANAMA-BUENA VISTA UNION SCHOOL DISTRICT
CERTIFICATED TRANSFER*/REASSIGNMENT**
IF AN OPENING BECOMES AVAILABLE AFTER THE LAST DAY OF SCHOOL**

Name _____ Date _____

Present School _____ Present Grade _____

***TRANSFER** – MOVE FROM ONE SCHOOL SITE TO ANOTHER

****REASSIGNMENT** – CHANGE GRADE LEVEL AT PRESENT SCHOOL SITE

I would like to be considered for any grade level position at the school site(s) listed below should they become available during the period between the last school workday and June 15 of this year.

	SPECIFY GRADE	SCHOOL
1 ST CHOICE	_____	_____
2 ND CHOICE	_____	_____
3 RD CHOICE	_____	_____

NOTE: All voluntary transfer and reassignment decisions shall be based on the criteria described in Article IX, Paragraph C.1 of the collective bargaining agreement. Please answer the following questions to aid the district in its determination; attach additional sheet if needed:

1. Please describe any and all credentials and/or special authorizations held at the time of applying for the position.

2. Please address any relevant training and/or experiences you have that you feel make you qualified for the position. Make sure to address the stated educational and program needs described in the position posting.

3. Please address anything else you feel is relevant to being accepted for this position.

Employee Signature

Cell/Summer Contact Phone Number

**THIS FORM MUST BE TURNED IN TO THE HR DIVISION
BY THE LAST WORK DAY (May 29) OF THE SCHOOL YEAR.**