



Central Unified School District
CERTIFICATED PERSONNEL – REQUEST FOR TRANSFER
HUMAN RESOURCES

NAME: _____

Present Site / Department: _____

I HEREBY REQUEST A TRANSFER TO THE FOLLOWING SITE/DEPARTMENT:

FIRST CHOICE

SECOND CHOICE (if applicable)

Reason(s) for Transfer Request are the following: _____

I understand that this request does not eliminate the necessity for applying for any open position(s) I may be interested in. I also understand I must follow current application policies as set forth by the Human Resources Department.

Is your immediate supervisor aware of this request? Yes No

EMPLOYEE SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

◆-----◆
Date of Action: _____

GRANTED

DENIED

SIGNATURE (Assistant Superintendent, Human Resources or Director of Human Resources)