SOUTH SAN FRANCISCO UNIFIED SCHOOL DISTRICT
CLASSIFIED HUMAN RESOURCES

REQUEST FOR TRANSFER

Name: _____

Current Position: _____

Current Location: _____

This is to request a transfer to:

(Position) _____

(Location) _____

I will accept:

☐ School Year

☐ Twelve Months

☐ Part Time (____Hours)

NOTE: Completed "Request for Transfer" forms must be in the Classified Human Resources Office by 4:30 p.m. on the final filing date as announced on the position announcement.

"Request for Transfer" forms will be retained until the end of the fiscal year (June 30) in which they are filed. After this date, a new request must be submitted.

It has been negotiated that a list of all transfer and promotional candidates' names will be given to the Association President at the end of the posting period. This list shall be confidential and shall not include any employee name if anonymity is requested. Please check appropriate box.

☐ **I approve of submitting my name to the Association President**

☐ **I do <u>not</u> approve of submitting my name to the Association President**

Employee Signature _____

Date _____

Office Use:

Date of Transfer _____

Location _____

Original: HR
Copy: Employee