



# SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT TRANSFER REQUEST FORM – CLASSIFIED



PERMANENT EMPLOYEES IN GOOD STANDING MAY USE THIS FORM TO REQUEST A TRANSFER (See Article 10.1 - 10.2.5).

PLEASE TYPE OR PRINT:

**APPLICANT INFORMATION – Please complete your current employment information**

Name:	Job Classification:
Home Phone:	Cell Phone:
Daily Work Schedule: Start Time:	End Time:
Number of hours per day:	Number of months per year:
Number of days per year:	Location/Site:

I am requesting a transfer to (mark all that apply):

CTE      DHS      PVHS      RHS      SMHS      SSC      LC  
(At least one location or site must be selected)

I am requesting to transfer to a position in my classification that would result in an increase to the number of hours, number of days, and/or number of months I listed above.

*Please describe the reason for requesting a transfer.*

*Please explain how your past personal and professional experience make you a quality candidate for the position for which you are applying.*

**TRAINING / COURSES / WORKSHOP:** *List training, courses, and/or workshops, which have continued your education.*

▶ _____	▶ _____
▶ _____	▶ _____

**CERTIFICATES / LICENSES**

<input type="checkbox"/> Calif Driver's License – Expiration Date:	<input type="checkbox"/> CPR Certificate – Expiration Date:
<input type="checkbox"/> First Aid Certificate – Expiration Date:	<input type="checkbox"/> Other: _____ Expiration Date:
<input type="checkbox"/> Typing Certificate – _____ wpm	

I am requesting a transfer. I understand that

1. Supplemental materials such as letters of recommendation, resume and/or certificates may be attached to this application.
2. This Transfer Request Form will remain on file and active until I am transferred as requested or until I ask to be withdrawn.
3. If I am transferred as requested, this form becomes part of my personnel file, and I must resubmit another Transfer Request Form if I wish to show interest in another position.

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PERSONNEL USE ONLY**

Hire Date: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_ Seniority Date: \_\_\_\_\_

Last Evaluation Date: \_\_\_\_\_ All Satisfactory: Yes No Improvement Plan: Yes No

Satisfactory Attendance: Yes No

File Review Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Notes: \_\_\_\_\_