



**SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT
APPLICATION FOR TRANSFER**



20 ____ - 20 ____

CURRENT EMPLOYEES USE THIS FORM TO APPLY FOR A TRANSFER TO A DIFFERENT SITE AND/OR DIFFERENT ASSIGNMENT *WITHIN THE SAME JOB DESCRIPTION.*

PLEASE TYPE OR PRINT:

APPLICANT INFORMATION – Please complete your current employment information		
Name:		Home Phone:
Current Position:		Cell Phone:
Work Hours: From:	To:	Location/Site:
REQUESTED POSITION INFORMATION		
POSITION/ASSIGNMENT:		HOURS PER DAY:
LOCATION: <input type="checkbox"/> ANY or Site Name _____		SHIFT TIME: From _____ to _____

Please describe the reason for requesting a transfer.

NAME:

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

▶ _____ ▶ _____

▶ _____ ▶ _____

CERTIFICATES / LICENSES

Calif Driver’s License – Expiration Date: CPR Certificate – Expiration Date:

First Aid Certificated – Expiration Date: Other: _____ Expiration Date:

Typing Certificated – _____ wpm

I am interested in a transfer. I understand that

1. supplemental materials such as letters of recommendation, resume and/or certificates may be attached to this application.
2. my application will remain on file for the current school year only. Any supplemental materials must be attached to this application.
3. if I am placed in the position, this form becomes part of my personnel file, and I must resubmit another Application for Transfer form if I wish to show interest in another position.

Employee’s signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

FOR PERSONNEL USE ONLY

Hire Date: _____ Anniversary Date: _____ Seniority Date: _____

Last Evaluation Date: _____ All Satisfactory: Yes No Evaluator: _____

Satisfactory Attendance: Yes No

Interview Date: _____ Interviewed by: _____

Test Score: _____ Paper Screening Scores: 1 2 3 EFFECTIVE DATE OF TRANSFER: _____

Notes: _____
