

## SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT APPLICATION FOR INCREASED HOURS, DAYS, MONTHS TRANSFER



CURRENT EMPLOYEES USE THIS FORM TO APPLY FOR A TRANSFER TO AN ASSIGNMENT WITHIN THE SAME JOB DESCRIPTION, RESULTING IN AN INCREASE TO HOURS, DAYS, OR MONTHS (See Article 10.3).

Home Phone:

PLEASE TYPE OR PRINT:	
APPLICANT INFORMATION – Please complete your curren	t employment information

Name:

Current Position:	_	Cell Phone:		
Work Hours: From:	To:	Location/Site:		
REQUESTED POSITION INFORMATION				
Job ID # (reference job posting email)	:			
Please describe the reason for requesting a tra	insfer.			
Please explain how your past personal and professional experience make you a quality candidate for the position for which you are applying.				

NAME:

	a a a a a a a a a a a a a a a a a a a	, which have continued your education.	
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CERTIFICATES / LICENSES			
Calif Driver's License – Expiration Da	ite: CPR Certif	icate – Expiration Date:	
First Aid Certificate – Expiration Da	te: Other:	Expiration Date:	
Typing Certificate –wp	m		
I am interested in a transfer. I understand that			
supplemental materials such as letters of re	commendation, resume and/or certif	icates may be attached to this application.	
2. any supplemental materials must be attached	ed to this application.		
3. if I am placed in the position, this form becon I wish to show interest in another position.	omes part of my personnel file, and I r	nust resubmit another Application for Transfer for	m if
Employee's signature:		Date:	
Employee's signature:Address:		Date: Zip:	
		Zip:	
	City: FOR PERSONNEL USE ONL	Zip:	
Address:	FOR PERSONNEL USE ONL Anniversary Date:	Zip: Y Seniority Date:	
Address:	FOR PERSONNEL USE ONL Anniversary Date:	Zip: Y Seniority Date:	
Address:	FOR PERSONNEL USE ONL Anniversary Date: All Satisfactory: Yes No	Y Seniority Date: Improvement Plan: Yes No	
Address:  Hire Date:  Last Evaluation Date:  Satisfactory Attendance: Yes No  File Review Performed By:	FOR PERSONNEL USE ONL Anniversary Date: All Satisfactory: Yes No	Y Seniority Date: Improvement Plan: Yes No	