

Seniority #: _____

Date Received: _____

By: _____

DELANO UNION SCHOOL DISTRICT

TRANSFER REQUEST FOR CHANGE OF EMPLOYMENT – CERTIFICATED

Name: _____ Credential Status: _____

Address: _____ Telephone: _____

Present Position: _____ Site: _____

Position Desired: _____ Site: _____

Reason for requesting a transfer: _____

List skills that you possess that you believe would help in the position desired: _____

Describe past teaching experience (grade, subject, etc.): _____

Employee Signature: _____ Date: _____

Immediate Supervisors Signature: _____ Date: _____
(desired but not required)

PLEASE FORWARD TO OFFICE OF HUMAN RESOURCES

DISTRICT OFFICE USE ONLY

Action taken: _____ Date: ____ / ____ / ____

Approved by Assist. Supt. of H.R.:

Signature

Date