

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

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DISTRICT OFFICE USE ONLY

Action taken: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date