

DELANO UNION SCHOOL DISTRICT

REQUEST FOR TRANSFER / REASSIGNMENT

CLASSIFIED EMPLOYEE

- Directions: 1) Please supply all information requested.
2) Submit your request to the District Personnel Office.

Name: _____

Address: _____ Telephone: _____

I would like to be considered for a transfer to (site): _____

Classification/Position: _____

Present Work Site: _____ Present Position: _____

Reason for request: _____

Skills you could bring: _____

Employee Signature: _____ Date: _____

Immediate Supervisor's Approval: _____ (Signature) _____ (Date)

DISTRICT OFFICE USE ONLY

Received at District Office by: _____ (Signature) _____ (Date)

Hire Date: _____ Seniority # _____

Test Scores: _____

(Assist. Supt.of Human Resources' Signature) (Date)

Approved Denied

(Superintendent's Signature) (Date)

Approved Denied