

VISTA UNIFIED SCHOOL DISTRICT
Classified Human Resources

Transportation Assignment Transfer Request

INSTRUCTIONS TO THE EMPLOYEE: Transfer requests from classified employees should be made in accordance with Article VII, Transfer Policies, of the Collective Bargaining Agreement before completing this form. **The completed request form should be sent to the Classified Human Resources Office.** This transfer request will be valid for one year from the date received. Please thoroughly complete the front and back of this transfer request.

Name: _____ Employee ID# _____

Work phone #: _____ Home phone #: _____

Pager/Cellular phone #: _____

Current Position: _____ Current Assignment: _____

I currently work: _____ hours/day

I WOULD LIKE TO TRANSFER TO:

An assignment with more hours: _____ (i.e. up to 8 hours)

I would like less hours: _____ (i.e. between 4-6 hours)

DO NOT WRITE BELOW THIS LINE – CLASSIFIED PERSONNEL USE ONLY

Date Transfer Request Received: _____

Date Transfer Request Expires: _____

Was Transfer Granted: _____

New Assignment: _____

Effective Date: _____