VISTA UNIFIED SCHOOL DISTRICT
CERTIFICATED TRANSFER REQUEST FORM
APPENDIX A-6

Name: (Print)                                        Employee ID#

Home Phone:                        Cell Phone:

Current Site:                Current Position:

Transfer requests from certificated employees should be made in accordance with Article 21. A permanent unit member with most recent overall evaluation rating of "Meets or Exceeds District Requirements" may file a transfer request with the Human Relations Department.

Please Note: You must currently hold the appropriate credential in order to be considered for an interview.

Note: Please complete one form per location. I wish to interview for the following:

Department: __________________________________________

Elementary School: __________________________________

Middle School: _______________________________________

High School: _________________________________________

Middle/High School: Indicate specific Subject Area for Transfer:

1. ______________________________________________

2. ______________________________________________

I Currently Hold the Following Credential(s). (Please check all that apply):

☐ Multiple Subject

☐ Single Subject-Subject Area(s): ________________________________

☐ Supplemental Authorization(s): _________________________________

☐ Special Education- Mild/Moderate

☐ Special Education- Moderate/Severe

☐ Special Education- Other: _______________________________________

☐ School Counselor

☐ Other: _____________________________________________

The completed Transfer Request Form should be forwarded to the Certificated Human Relations Department. This request shall be valid until the next September 1st. Applicants must apply each year.

Signature: ___________________________    Date: ___________________