

VISTA UNIFIED SCHOOL DISTRICT
Classified Human Resources

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 work site: _____

Hours per day: _____ Number of days per week: _____

Assigned work hours: _____

I WOULD LIKE TO TRANSFER TO: _____ (SCHOOL/SITE)

I would like to work: _____ hours/day

Number of years experience at present assignment/classification: _____

Number of years experience at Vista Unified School District: _____

DO NOT WRITE BELOW THIS LINE – CLASSIFIED PERSONNEL USE ONLY

DATE TRANSFER REQUEST EXPIRES: _____

Was transfer granted: _____

New Assignment: _____ Site: _____

Effective Date: _____

EDUCATION Circle the highest grade completed: 6 7 8 9 10 11 12 13 14 15 16				Did you Graduate From High School? YES <input type="checkbox"/> NO <input type="checkbox"/>	If not, have you passed a G.E.D. Test or equivalency? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME AND LOCATION OF COLLEGES OR TRADE SCHOOLS ATTENDED	DATES ATTENDED	CREDITS COMPLETED		MAJOR SUBJECT OR COURSE	UNITS COMPLETED IN MAJOR	DEGREES OR CERTIFICATES
	From	SEM UNITS	QTR UNITS			
	To					
	From					
	To					
	From					
	To					

EXPERIENCE: (Note: This section MUST be completed. A resume may be attached, but is not a substitute for completely filling out the transfer request form. Begin with your most recent job. List all jobs, and any periods of unemployment in the last ten years. Include any military service and any volunteer experience in which relates to the job for which you are applying. Also, list jobs you held more than ten years ago which relate to the duties of the job for which you are applying. Attach additional sheets if necessary.

DATES	DUTIES	EMPLOYERS
FROM TO _____ MO YR MO YR TOTAL TIME: _____ YRS MOS HOURS PER WEEK: _____ SALARY: \$ _____ HR <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/>	YOUR TITLE: _____ INDICATE NO SUPERVISED _____ YOUR DUTIES: _____ _____ _____ REASON FOR LEAVING: _____	EMPLOYER NAME _____ TYPE OF BUSINESS _____ ADDRESS _____ CITY, STATE, ZIP CODE _____ SUPERVISOR'S NAME _____ TELEPHONE _____
FROM TO _____ MO YR MO YR TOTAL TIME: _____ YRS MOS HOURS PER WEEK: _____ SALARY: \$ _____ HR <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/>	YOUR TITLE: _____ INDICATE NO. SUPERVISED _____ YOUR DUTIES: _____ _____ _____ REASON FOR LEAVING: _____	EMPLOYER NAME _____ TYPE OF BUSINESS _____ ADDRESS _____ CITY, STATE, ZIP CODE _____ SUPERVISOR'S NAME _____ TELEPHONE _____
FROM TO _____ MO YR MO YR TOTAL TIME: _____ YRS MOS HOURS PER WEEK: _____ SALARY: \$ _____ HR <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/>	YOUR TITLE: _____ INDICATE NO. SUPERVISED _____ YOUR DUTIES: _____ _____ _____ REASON FOR LEAVING: _____	EMPLOYER NAME _____ TYPE OF BUSINESS _____ ADDRESS _____ CITY, STATE, ZIP CODE _____ SUPERVISOR'S NAME _____ TELEPHONE _____