

Office of Christine Lizardi Frazier
Kern County Superintendent of Schools
Advocates for Children

TRANSFER REQUEST - CLASSIFIED

_____		_____	
Employee Name		Job Classification	
_____		_____	
Current Supervisor		Current Work Location/Program	
_____		_____	
_____	_____	_____	_____
Work Phone	Home Phone	Cell Phone	

School Year that transfer applies to (*indicate: current, next year; or both*): _____

TRANSFER REQUEST: (check all that apply)

- Change work site/Classroom (*Work site requested*) _____
 - Increase/Decrease hours (*Indicate number of hours*) _____
 - Change department/Program (*Indicate preference, if any*) _____
 - Other: (*List reason*) _____
- _____
- _____

Permanent classified employees are eligible to request a job transfer. Transfers are made based upon program need, job vacancies, and to serve the best interest of the employee and employer. In most cases, the requesting employee will be contacted for an interview for vacant positions within their job classification.

Requests for transfer forms are valid only for the fiscal year(s) in which they are submitted. Completed forms expire on June 30th of applicable school year.

Requests for transfer must be signed by the employee requesting a transfer and by the Coordinator, Principal, or Director where the employee is currently assigned. The completed form is then forwarded to the Human Resources department.

_____		_____	
Employee Signature		Date	
_____		_____	
Principal/Director Signature (Current Assignment)		Date	
_____		_____	
Human Resources Director		Date	