

CLASSIFIED EMPLOYEE REQUEST FOR TRANSFER and/or REINSTATEMENT FORM

FOR SCHOOL YEAR: _____

This request expires on June 30th of the current school year. For consideration of most requests, a current satisfactory evaluation must be on file. Probationary employees are not eligible for transfers.

CURRENT JOB TITLE: _____

REQUESTING ONE OF THE FOLLWING:

- Transfer to another school site or department – (specify site or dept) _____
- Additional Hours in current classification _____
- Reinstatement request after separation to the classification of: _____
- Lateral transfer to classification of: _____

NAME: _____ LAST 4 DIGITS OF SOCIAL OR EID# _____

MAILING ADDRESS: _____
Number and Street City State Zip Code

TELEPHONE: _____ WORK PHONE: _____

CURRENT WORK SITE: _____

SIGNATURE: _____ **TODAY'S DATE:** _____

COMMENTS:

FOR OFFICE USE ONLY:

- APPROVED** Reason _____
- DISAPPROVED** Reason _____

Director of Human Resources _____ **Today's Date:** _____