

# Tulare County Office of Education

## Classified Employee Transfer Request Form

Employee Name \_\_\_\_\_ Present Work Location \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Current Position Classification \_\_\_\_\_ Current Range \_\_\_\_\_

I request a transfer to the following site(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am requesting this transfer for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to keep my transfer request on file until the following date (not to exceed June 1<sup>st</sup> of this school year.):  
\_\_\_\_\_

My signature authorizes a review of my personnel file by the prospective supervisor for consideration of a transfer.

Date \_\_\_\_\_ Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_ Signature of Current Supervisor \_\_\_\_\_

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For Office Use Only

Transfer Approved  Transfer Denied  Date \_\_\_\_\_

Signature \_\_\_\_\_  
Director, Human Resources