RIALTO UNIFIED SCHOOL DISTRICT Classified Voluntary Transfer Request Form

Employee No.	
Hire Date	

Print Name:			Current Job Title:				
Phone No.			Cell Phone No.				
Hours worked per da	ay:	Days per year:	Current Location:				
In order of preference, I would like to transfer to the following site/location:							
Cl · #4	Site/Location		Hours per day		Days per year		
Choice #1 Choice #2							
Choice #2 Choice #3							
This request for transfer shall be valid for one (1) year from the date submitted to the Personnel Office. This request for transfer may be withdrawn, in writing, at any time prior to official notification of transfer approval By signing this form, I understand that a lateral transfer could result in a voluntary increase/decrease in workday and/or work year.							
Signature of	Employee	Date		Dε	tte received in Personnel		
Distribution: White P-10	e (Personnel Services)	Yellow (Site Administrato	r) Pink (Employee)		Revised 03/2010 ys		
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Distribution: P-10 White (Personnel Services)

Yellow (Site Administrator)

Pink (Employee)

Revised 03/2010 ys