

SANTEE SCHOOL DISTRICT
CLASSIFIED EMPLOYEE REQUEST FOR TRANSFER

NAME

PHONE

WORK LOCATION

JOB TITLE

CURRENT WORK HOURS

**MINIMUM HOURS I WILL
ACCEPT: _____**

**_____
PREFERRED WORK LOCATION(S)
OR "NONE" IF NO PREFERENCE**

**_____
DATE**

***REQUESTS FOR TRANSFER ARE VALID FOR ONE YEAR FROM DATE OF REQUEST**

The District may deny a transfer if the employee is currently on an assistance plan (Article 8(B))

If a transfer opportunity is offered and rejected by you, this form will be discarded. You will need to submit a new form for subsequent transfer requests.

EMPLOYEE SIGNATURE