



**PERSONNEL COMMISSION**  
 4400 Ladoga Avenue  
 Lakewood, CA 90713  
 (562) 997-8000 ext. 7380

For Office Use Only
Related Class Transfer

DATE: \_\_\_\_\_

SUBJECT: CLASSIFIED TRANSFER REQUEST

TO: Personnel Commission

I am an employee with permanent status:  Yes  No

Note: **Probationary employees are not eligible to request a voluntary transfer except under unusual circumstances. See Contract/Rules.**

Name: _____	
Current Classification: _____	
Work Location: _____	
Home Address: _____	
City: _____	Zip Code: _____
Home Phone #: _____	Work Phone #: _____
Cell Phone #: _____	E-mail: _____

I wish to be considered for the following:

- Transfer within my present classification.
- Related Class Transfer to the following classification: \_\_\_\_\_  
*(Related Class Transfer must fall within the same or lower salary range and within the same job family classification; subject to approval by the Personnel Commission.)*

Please indicate your preference in each of the following categories:

- SITE:**  High School  Middle School  Elementary School  Non School Sites
- CALENDAR:**  12 month  10 month (220 day, 209 day & 206 day)
- HOURS PER WEEK:**  40 hours/week  20-39 hours/week  Less than 20 hours/week (No Medical Benefits)

Employee Signature: \_\_\_\_\_