

PERSONNEL COMMISSION



4400 Ladoga Ave.
Lakewood, CA 90713
(562) 997-8000 ext. 7380

DATE: _____

SUBJECT: CLASSIFIED TRANSFER REQUEST

TO: Personnel Commission

For Office Use Only	
Related Class Transfer	

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: _____