

CLASSIFIED TRANSFER REQUEST FORM

Instructions:

1. Please read carefully the attached section of the CSEA/SMUSD Master Contract (Article VII, Section 8.3: Unit Member Initiated Transfer Request).
2. Complete this form and return it to the Human Resources and Development Department - Attn: LeAnna Warner (E-Mail: leanna.warner@smusd.org, Fax: 760-752-1138, or by District Mail)

Employee Name:	Work Site:
Your Current Assignment:	
Desired Transfer Site: 1st Choice:	
2nd Choice:	
Comments:	

Employee Signature

Date