

Human Resources and Development CERTIFICATED TRANSFER REQUEST FORM

Instructions:

- 1. Please read carefully the attached section of the SMEA/SMUSD Master Contract (Article XV: Transfers). This section will explain the entire transfer procedure.
- 2. Complete this form and return it to Amber Christman @ amber.christman@smusd.org all requests must be received by March 30, 2023.

Your Name:		Work Site:	
Your Current Assignment:	Grade:	Subject:	
Employment Status:	Tenured:	Probationary:	
Please list <u>all</u> California Teaching Cre	dentials you hold:		
Credential Name		CLAD/BCLAD or its Equivalency	Expiration Date
		SUBJECT ASSIGNMENT AT YOUR CURRENT JSE THIS FORM FOR THESE REQUESTS.	WORKSITE SHOULD BE MADE
irst Transfer Option Request			
desire to change my assignment for	the 2023-2024 school	ol year as follows:	
Desired transfer site:			
Desired transfer grades or subjects:		(list all grades/subjects you would a	ccept)
Second Transfer Option Request I desire to change my assignment fo	or the 2023-2024 scho	ol vear as follows:	
Desired transfer site:			
Desired transfer grades or subjects:		(list all grades/subjects you would a	ccept)
Third Transfer Option Request			
I desire to change my assignment fo	or the 2023-2024 scho	ol year as follows:	
Desired transfer site:			
Desired transfer grades or subjects:		(list all grades/subjects you would a	ccept)
Signature		Date	