

MADERA UNIFIED SCHOOL DISTRICT

REQUEST TO TRANSFER FOR CERTIFICATED EMPLOYEES

A vacancy need not exist to apply for a transfer

To be completed and submitted to the Human Resources Department

NO LATER THAN March 1st

TO: Chief Human Resource Officer Date: _____

Name: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Current Teaching Assignment: _____

Site: _____ Subject/Grade: _____ Years in Present Position: _____

Credential(s) Held: _____

Degree(s) Held: _____

Do you hold an EL Authorization? (i.e. ELA1, CLAD, BCLAD, SDAIE, etc.) Yes No

Co-Curricular Activities/Specialized Skills: _____

I am requesting a transfer to: (Please indicate school by name)

1st Choice: _____

2nd Choice: _____

Subject/Grade Level(s): _____

Signature

Date

FOR HUMAN RESOURCES USE ONLY

Transfer Approved for: _____ Date: _____

New or Replacement position: _____

Transfer Not Approved: _____

Teacher Notified Date: _____

**Completion of this form does not guarantee the requestor a position at the school or site requested.
The criteria in the Collective Bargaining Agreement 13.1.3 will apply to a request for transfer.**