Madera Unified School District

REQUEST TO TRANSFER

A vacancy need not exist to apply for a transfer

To be completed and submitted to the Human Resources Department
NO LATER THAN June 15.

TO: Director of Human Resources **Date:**

Name

First	**Middle**	**Last**
Work Phone	**Home Phone**	**Cell Phone**

Current teaching assignment:

Site:	**Subject/Grade**	**Yrs in present position**
Hire Date: (i.e. 8/11/82)	**Credential(s)**	

CLAD: Yes No BCLAD: Yes No SDAIE: Yes No
Other English Learner Authorizations: AB1059, AB2042, AB2913, SB395,

Degree(s) Held:
_____

Major Field of Study (Undergraduate) _____
Graduate: _____
Minor(s): _____

Co-Curricular Activities/Specialized Skills (To include BTSA Support Provider):
_____

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

1st Choice_____ 2nd Choice _____

Subject/Grade Level: _____

Signed _____ Date: _____

HR USE ONLY

Transfer Approved for _____ Date _____

New or Replacement position: _____

Transfer NOT APPROVED: _____

Teacher Notified Date _____ Copy to Position Control

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.