STOCKTON UNIFIED SCHOOL DISTRICT
Human Resources

REQUEST FOR TRANSFER
2018-19 Second Certificated Transfer Announcement

Name _____

Current Site _____

Current Assignment _____
(Grade Level, Subject Content Area, Bilingual)

Home Address
Address Change? ☐ Yes ☐ No _____
Street   City, State   Zip

Phone #1 _____   Phone #2 _____

Please list the specific advertised location <u>and</u> assignment for which you are requesting a transfer - one to three choices <u>only</u>. **Please list your choices in order of preference**. This will be used to determine your placement (if applicable). You will not be contacted for additional information pertaining to assignment preference.

	<u>Site Name</u>	<u>Assignment</u>
1st Choice		
2nd Choice		
3rd Choice		

NOTE: All transfer forms and required application materials are due in the Human Resources Office <u>**no later than 4:00 p.m., Tuesday, May 15, 2018. Consideration will not be given to late and/or incomplete applications**</u>.

Signature _____

Printed Name _____

District ID# _____

Date _____

For Human Resources Use Only			
Seniority Date		EL	
Credentials			
Last Evaluation Rating			

HR/Rev2014