



**HUMAN RESOURCES DEPARTMENT**

56 S. Lincoln St. • Stockton, CA 95203  
Phone (209) 933-7065 • Fax (209) 933-7066

**LATERAL TRANSFER REQUEST FORM**

**JOB ANNOUNCEMENT #** \_\_\_\_\_

**LOCATION REQUESTED** \_\_\_\_\_

**NOTE: Transfer requests must be submitted on this form to Stockton Unified School District per 13.5.2 of the CSEA 318 and per 13.4.2 of the CSEA 821 contract.**

**Classified employees are eligible to file a written transfer request for consideration for any ADVERTISED vacancy within the same job classification.**

**Transfer requests WILL NOT be accepted after the job posting has closed.**

**Employees who have not completed their probationary period are ineligible for lateral transfers.**

**Name** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Address** \_\_\_\_\_ **APT#** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Primary Phone #** \_\_\_\_\_

**Current Position** \_\_\_\_\_

**Current Location** \_\_\_\_\_

**Current Work Hours** \_\_\_\_\_

**Reason for the request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**HR Use Only**

Passed Probation: \_\_\_\_\_ No Approved Lateral in Past Year: \_\_\_\_\_ Satisfactory Eval: \_\_\_\_\_

Request Forwarded to Site: \_\_\_\_\_ Date: \_\_\_\_\_

Approved / Denied Notes: \_\_\_\_\_

Employee Notified: \_\_\_\_\_ Date: \_\_\_\_\_ Completed By: \_\_\_\_\_