



HUMAN RESOURCES DEPARTMENT

701 North Madison Street • Stockton, CA 95202

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.

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

Employees who have not completed their sixth (6) month 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