

FRESNO UNIFIED SCHOOL DISTRICT  
DIVISION OF HUMAN RESOURCES

CLASSIFIED EMPLOYEES' TRANSFER REQUEST

HUMAN RESOURCES USE ONLY Evaluations \_\_\_\_\_  
Grade \_\_\_\_\_ Hire Date \_\_\_\_\_

\_\_\_\_\_  
NAME

\_\_\_\_\_  
EMPLOYEE ID #

\_\_\_\_\_  
CELL PHONE #

\_\_\_\_\_  
HOME PHONE #

**PRESENT POSITION**

**POSITION(S) DESIRED**

\_\_\_\_\_  
PRESENT SCHOOL OR DEPARTMENT

\_\_\_\_\_  
POSITION(S) DESIRED

\_\_\_\_\_  
PRESENT POSITION

\_\_\_\_\_  
SCHOOL OR DEPARTMENT DESIRED

\_\_\_\_\_  
PRESENT HOURS

\_\_\_\_\_  
10 MOS./12MOS.                      HOURS

\_\_\_\_\_  
WORK PHONE NUMBER

\_\_\_\_\_  
REASON FOR REQUEST

**THIS TRANSFER REQUEST IS VALID FOR ONE YEAR ONLY**

Send to Human Resources

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date