



COVINA-VALLEY
UNIFIED SCHOOL DISTRICT

Classified Employee Transfer Request

Current Employment Information

First Name _____

Last Name _____

Work Location _____

Job
Title/Classification _____

Contact Number _____

Hours per day _____ Months per year _____

Transfer Request Information

Preferred Location _____

Hours per day _____ Months per year _____

Lateral/lower job
classification
willing to accept _____

Reason for transfer _____

Transfer requests are valid for one year to date of submission. Please review your current application in your personnel file to ensure information is up to date and accurate. Transfer requests will be granted a final interview based on vacancy options.

Employee Signature _____ **Date** _____

Personnel Approval _____ **Date** _____