



Lancaster School District

HUMAN RESOURCES SERVICES
44711 N. Cedar Ave., Lancaster, CA 93534
Telephone (661) 948-4661
FAX (661) 726-5450

CERTIFICATED TRANSFER REQUEST

DATE: _____ POSTING # _____

Employee Name: _____ CHOICE PREFERENCE: ____ of ____
Please Print (Example: 1 of 4 = 1st choice of 4 transfer requests turned in)

Present assignment: School _____ Grade _____

Assignment Requested: (Must be specific. One form per assignment request.)

School: _____ Grade: _____ PR#: _____

Reason for requesting change of assignment _____

This transfer request acknowledges my non-revocable acceptance of this position should it be offered to me.

Employee's Signature

Home/Cell phone number

****PLEASE NOTIFY YOUR ADMINISTRATOR OF YOUR INTENT TO TRANSFER****

COMMENTS _____

THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES

Seniority Date: _____

____ Approved Notified Employee: _____

____ Received 1st / 2nd / 3rd / ____ Choice

Administration Notified: _____

____ Teacher with more seniority received position