SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
Human Resources Department

TEACHER REQUEST FOR TRANSFER

NAME_____ DATE_____

Present School Site_____ Grade_____ Subject_____

Email:_____ Contact Phone Number:_____

REQUEST TRANSFER TO: (must be properly credentialed)

1st Choice_____ Grade_____ Subject_____
SCHOOL SITE

2nd Choice_____ Grade_____ Subject_____
SCHOOL SITE

3rd Choice_____ Grade_____ Subject_____
SCHOOL SITE

1. Transfer requests must be submitted each year to Human Resources.
2. The request will be valid for one (1) year from the date received.
3. You are to notify your present principal of your transfer request before this form is submitted to Human Resources.
4. Transfer requests will be considered only when there are appropriate openings.
5. All transfer requests will discussed with school principals involved, both at present assignment and location of your transfer choice(s).
6. Notification of vacancies during the summer months will be mailed to the teacher's home address. The applicant is responsible for providing a forwarding address during the summer months.
7. If you are interested in a vacated position, please notify us in writing within 7 days of receiving the vacancy notification.
8. For further information, please contact the Office of Human Resources.

_____

SIGNATURE OF TEACHER DATE

DO NOT WRITE BELOW THIS LINE – HR OFFICE USE ONLY

Credential(s): _____

EL Authorization : ☐ yes ☐ no

HQT Status: _____

CC: SCHOOL (S) – TRANSFER CHOICES
CURRENT SCHOOL SITE
EMPLOYEE
PERSONNEL FILE
SPECIAL ED

_____

Assistant Superintendent – Human Resources Date