

**SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
CLASSIFIED PERSONNEL**

REQUEST: _____ TRANSFER _____ REINSTATEMENT

NAME: _____

ADDRESS: _____

DAY PHONE: _____ HOME PHONE: _____

PRESENT OR LAST CLASSIFICATION _____

WORK LOCATION: _____

MONTHS PER YEAR: _____ SY _____ 10 _____ 11 _____ 12 *PLEASE CHECK ONE

HOURS PER DAY: _____ 3/3.5 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8

I WANT TO TRANSFER INTO A (CHECK ALL THAT APPLY): _____ DAY SHIFT _____ NIGHT SHIFT

MONTHS PER YEAR: _____ SY _____ 10 _____ 11 _____ 12

HOURS PER DAY: _____ 3/3.5 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8

_____ CABRILLO _____ EDISON _____ GRANT _____ FRANKLIN _____ MCKINLEY

_____ MUIR _____ ROGERS _____ RSLVT _____ SMASH _____ WEBSTER

_____ ADAMS _____ LINCOLN _____ SAMOHI _____ OLYMPIC _____ MALIBU HS

_____ DIS. OFFICE _____ CDS _____ OTHER (PLEASE EXPLAIN) _____ PT. DUME

REASON FOR TRANSFER: _____

SIGNATURE: _____ DATE: _____

PLEASE READ CAREFULLY

You may only transfer within your current classification unless your classification (job) specification states otherwise. Transfer requests are valid for one year. Reinstatement requests are valid for one year or until expiration of eligibility based on your separation date, whichever is shorter. You will only be contacted for site/s vacancies that you have selected above.

TRANSFERS: If you have any additional information that you would like to submit along with this request please complete a new application for your personnel file. The most recent evaluation and/or application will be sent to the hiring authority.

CLASSIFIED PERSONNEL USE ONLY:

CONTACT DATE	CLASSIFICATION	HRS/MONS	LOC	ACC/DEC/NS	INITIALS
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FOR DIRECTOR OF CLASSIFIED PERSONNEL ONLY:

REINSTATEMENT LAST DATE OF SERVICE: _____

ACTION: Approved _____ Denied _____ Expires: 1 year _____

REASON: _____

Director's Signature: _____ **Date:** _____