



# SANTA CLARA COUNTY OFFICE OF EDUCATION

## CLASSIFIED EMPLOYEE LATERAL TRANSFER REQUEST

Classified Personnel Services • Office of the Personnel Commission

1290 Ridder Park Drive, Mail Code 265 • San Jose, CA 95131 • 408.453.6845 • FAX 408.453.6785

**INSTRUCTIONS:** Transfer request forms are required for permanent, full and part-time employees requesting transfers into a vacancy announced on the **TRANSFER HOTLINE** and within the employees current classification or range. A separate form is required for each announced vacancy. Information requested on this form must be complete, accurate, and specify the exact information as announced. Employees must submit this form directly to the Classified Personnel Services prior to the announced deadline date. Requests received after the deadline can be accepted only by the approval of the Director, Classified Personnel Services.

**Refer to your respective SEIU contract for further information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ Telephone Number (Work): \_\_\_\_\_

### Current Position Description

Job (Classification) Title: \_\_\_\_\_

Department: \_\_\_\_\_ Work Year (Days): \_\_\_\_\_ Hours Per Day: \_\_\_\_\_

Work Location(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_

### Transfer Position Description

Job (Classification) Title: \_\_\_\_\_

Department: \_\_\_\_\_ Work Location: \_\_\_\_\_

Work Year (Days): \_\_\_\_\_ Hours Per Day: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

Special skills, knowledge, and/or qualifications you possess and desire to be considered regarding this transfer request (e.g. computer skills, foreign language, writing skills, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that I am a permanent part or full time employee. I understand that I must provide accurate information and must respond within 48 hours when contacted for a transfer opportunity.**

\_\_\_\_\_  
Employee's Signature Date

### For Classified Personnel Services Use Only

Approved/forwarded for consideration  Denied for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
Commission Staff Signature Date Director's Initials: \_\_\_\_\_  
(Required for Denied/Late Approvals)