

SHASTA COUNTY OFFICE OF EDUCATION
Human Resources
1644 Magnolia Avenue
Redding, CA 96001

REQUEST FOR VOLUNTARY TRANSFER

Name _____ Phone # _____

Current Position:

Department _____

Position Title _____

Work Location _____

Current Hours _____

I am requesting consideration for a voluntary transfer to:

Department _____

Position Title _____

Work Location _____

Requested Hours _____

List any additional skills/certificates that you may have (optional) _____

Please indicate your current classification:

_____ CSEA
Request is valid for six months from
the date of receipt (CSEA Contract
Sec 13.3.2)

_____ CTA
Request is valid until May 1 of the
following year (CTA Contract, Sec
12.3.2)

_____ CTA-CD
Request is valid for one year from
the date of receipt (CTA-CD
Contract Sec 11.3.1 a)

Signature

Date

RECEIVED BY: _____
Human Resources

Distribution: Green- HR, Yellow-Employee