

**RIALTO UNIFIED SCHOOL DISTRICT
Classified Voluntary Transfer Request Form**

Employee No.	
Hire Date	

Print Name: _____ Current Job Title: _____

Phone No. _____ Cell Phone No. _____

Hours worked per day: _____ Days per year: _____ Current Location: _____

In order of preference, I would like to transfer to the following site/location: Email: _____

	Site/Location	Hours per day	Days per year
Choice #1			
Choice #2			
Choice #3			

This request for transfer shall be valid through June 30th of the fiscal year submitted to the Personnel Office.
This request for transfer may be withdrawn, in writing, at any time prior to official notification of transfer approval

By signing this form, I understand that a lateral transfer could result in a voluntary increase/decrease in workday and/or work year.

Date received in Personnel

Signature of Employee Date

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