## RIALTO UNIFIED SCHOOL DISTRICT Classified Voluntary Transfer Request Form

Employee No.	
Hire Date	

Print Name:			Current Job Title:				
Phone No.	hone No. Cell Phone No.						
Hours worked per d	ay:	Days per year:	Current Location:				
In order of preference, I would like to transfer to the following site/location: Email:							
Chaine #1	Site/L	ocation	Hours per day		Days per year		
Choice #1 Choice #2							
Choice #3							
This request for transfer shall be valid through June 30 <sup>th</sup> 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  This request for transfer may be withdrawn, in writing, at any time prior to official notification of transfer approval							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 work year.	, I understand that a	lateral transfer coul	ld result in a voluntar	y increase/o	decrease in workday and/or		
ý				Da	ate received in Personnel		
Signature of	Employee	Date					
Distribution: White P-10	e (Personnel Services)	Yellow (Site Administrato	r) Pink (Employee)		Revised 07/2021EN		
RIALTO UNIFIED SCHOOL DISTRICT Employee No.							
Classified Voluntary Transfer Requ				Linp	oloyee No.  Date		
Print Name:			Current Job Title:				
Phone No.	Phone No. Cell Phone No.						
Hours worked per d	ay:	Days per year:	Current Location:				
In order of preference, I would like to transfer to the following site/location: Email:							
	Site/L	ocation	Hours per	day	Days per year		
Choice #1							
Choice #2 Choice #3							
This request for tran	sfer may be withdra	wn, in writing, at an	y time prior to officia	al notification	o the Personnel Office. on of transfer approval decrease in workday and/or ate received in Personnel		
Signature of	Employee	Date					

Distribution: P-10 White (Personnel Services)

Yellow (Site Administrator)

Pink (Employee)

Revised 07/2021EN