

LOS ANGELES COMMUNITY COLLEGE DISTRICT
OFFICE OF PERSONNEL OPERATIONS

REQUEST FOR TRANSFER - ADMINISTRATOR

Directions: Prepare one copy of this form and forward to the Division of Human Resources, Academic Selections.

_____ Employee Number _____
Last Name First Name M.I.

Home Address _____ Home Telephone _____

_____ State _____ Zip Code _____
City

Name in order of your choice, colleges to which you wish to transfer:

(1) _____ (2) _____ (3) _____

(4) _____ (5) _____ (6) _____

(7) _____ (8) _____

Position of probationary appointment _____

Position of current assignment _____

Position for which transfer is requested _____

Credential(s) if certificated position _____

Present location _____ Number of years at this location _____

Supplementary information you wish to have considered as part of this transfer request.

Requested by _____ Date _____
Employee Signature

() Returned without approval

() Approved for consideration _____ Date _____
Human Resources

Expiration date of transfer request _____

A copy of this request will be sent to each of the colleges you have listed above and will be added to the transfer list.

(over)

List language(s) other than English in which you are fluent _____

Academic Preparation: If appropriate for this request, list your degrees and any subsequent courses taken that relate to your transfer request.

<u>College or University</u>	<u>Degree/Date</u>	<u>Major or Subject</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References: List below the names of individuals who could provide additional information relative to your teaching abilities.

<u>Name</u>	<u>Position</u>	<u>Print Street Address, City, State and Zip Code</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____