

LOS ANGELES COMMUNITY COLLEGE DISTRICT
OFFICE OF PERSONNEL OPERATIONS

REQUEST FOR TEMPORARY TRANSFER OR EXCHANGE--FACULTY

INSTRUCTIONS: Prepare one copy of this form. Request is to be submitted to your College President for his/her recommendation and to be forwarded to the Division of Human Resources, Academic Selections.

Last Name First name M.I. Employee Number _____

Home Address _____ Home Telephone _____

City State Zip Code Bus. Telephone _____

Present college location _____ Number of years at this college _____

Current assignment _____ Number of years in this position _____

Consider me for the following positions: _____

Consider me for the temporary transfer at the following colleges: _____ City; _____ East; _____ Harbor; _____ Mission; _____ Pierce; _____ Southwest; _____ Trade; _____ Valley; _____ West

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

Reason for requesting temporary transfer:

Requested by _____ Date _____
Employee Signature

[] Forwarded without approval
[] Recommended for consideration _____ Date _____
College President

[] Returned without approval
[] Approved for consideration _____ Date _____
Human Resources

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.

Expiration date of transfer request _____

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

Teaching Experience: List your teaching experience during the last ten years.

<u>Location</u>	<u>From</u>	<u>To</u>	<u>Subject/Discipline/Specialities</u>

Academic Preparations: 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>