Pacifica School District

375 Reina Del Mar Avenue • Pacifica, California 94044

REQUEST FOR TRANSFER-CLASSIFIED

Applicable only to Transfer Within Same Classification

(To be submitted to Administrative Services)

NAME _____ DATE _____

PRESENT POSITION _____ PRESENT ASSIGNMENT _____

PRESENT HOURS _____ TELEPHONE NO. _____

REQUESTING TRANSFER TO:

Hours Desired: _____

Work Year Desired: _____

Work Location Desired: _____

COMMENTS:

Initiated by: Employee ☐ Principal or Supervisor ☐

Signature: _____ _____

Employee Principal/Supervisor

Note: Signature of individual other than initiator indicates only having been informed of request, not concurrence.

APPENDIX J
DO-290 -- Updated – 6/13/07