Rosemead School District
Human Resources Department
Classified Assignment Transfer Request

EMPLOYEE'S <u>CURRENT</u> ASSIGNMENT INFORMATION

Name (Last, First): _____

Current Job Classification: _____

Assignment Type: _____/Mo _____ Hrs/Wk

Current Work Location: _____

Contact Phone Number: _____

Contact Email: _____

Current Supervisor's Name: _____

TRANSFER REQUEST DETAIL

Request transfer to Job Classification _____ **(MUST be equal to, or less than current classification range on the CSEA salary schedule within the same Job Family)**

Please specify the type of assignment change(s) that you are requesting (check all that apply)

_____ *WORK LOCATION* - Complete <u>Section A</u>

_____ *WORK ASSIGNMENT HOURS* - Complete <u>Section B</u>

_____ *VOLUNTARY REDUCTION (CHANGE TO LOWER JOB CLASSIFICATION)* - Complete <u>Section C</u>

SECTION A - SPECIFY PREFERENCE IN WORK LOCATION (check only one)

_____ Change to any other District site

_____ Change to specific site: _____

SECTION B - SPECIFY PREFERENCE IN WORK ASSIGNMENT CHANGE

_____ Voluntary reduction in work hours to: _____

_____ Voluntary reduction in work year to: _____

SECTION C - SPECIFY THE REQUESTED LOWER JOB CLASSIFICATION (VOLUNTARY DEMOTION)

Requested Job Classification: _____

Previously held this position (Y/N)? _____

Reason for voluntary demotion:_____

EMPLOYEE CERTIFICATION

I understand that my name will be referred to hiring administrator(s) for transfer consideration in accord with the specifics of my request as detailed above for a period of one (1) year from the date the request is received in the Human Resources Office.

If your request for a voluntary reduction in work hours/work year and/or a request for voluntary demotion is granted, you will forego all reemployment rights to the higher/current job classification; you will only have reinstatement rights to your most recent Job Classification provided that you meet the requirements for reinstatement outlined in the current CSEA CBA.

Signature:_____   Date:_____

HUMAN RESOURCE DEPARTMENT USE ONLY		
Date Request Received: _____	Request Received by: _____	Date Request Expires: _____
Request Reviewed by: _____	Request Approved (Y/N): _____	