

APPENDIX A-7
VISTA UNIFIED SCHOOL DISTRICT
CERTIFICATED APPLICATION FOR POSITION CHANGE/TRANSFER

NAME (PLEASE PRINT): _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

CURRENT SITE: _____ POSITION: _____

CREDENTIALS HELD:

MULTIPLE SUBJECT NCLB COMPLIANT

SINGLE SUBJECT – SUBJECT AUTH: _____ NCLB COMPLIANT

SPECIAL EDUCATION RSP LH SH/PH OTHER: _____

BCLAD/BCC CLAD/OR EQUIVALENT

OTHER: _____

Transfer requests from certificated employees should be made in accordance with Article 21.
Transfer/Reassignments and Filling of Vacancies of the collective bargaining agreement.

Please refer to the current contract before completing this form. This completed request form should be sent to the site supervisor of the school to which you are requesting a transfer. If you are interested in more than one school or position, send a form to each site. This request will be valid until the next September 1. Applicant must reapply each year.

I wish to interview at _____ School

for the position of _____
(Grade/Subject)

Signature _____

Date _____

<p>_____ Signature of Principal at request site</p> <p>_____ Date received</p>
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Note: Send ALL copies of this form to the Principal at the requested site. A signed copy will be returned to you.

Distribution: White: Requested Site Supervisor Yellow: Returned to employee Pink: Asst. Superintendent, Human Resources