

OAPSE - Classified Employee Transfer Request Form

Name: _____ Date: _____

Phone # Work _____ Home: _____ Cell: _____

Current Position: _____ Location: _____

Approximate number of years employed by Washington Local Schools: _____

I am requesting a transfer to: (You may list multiple postings on one request form.)

Position: _____ Location: _____

Position: _____ Location: _____

Position: _____ Location: _____

Position: _____ Location: _____

Position: _____ Location: _____

Position: _____ Location: _____

Employee's Signature: _____

You will be contacted regarding an interview. If you want to attach a letter of interest, resume or other information, it will be forwarded to the interview committee. Transfers will be granted on a 60-day probationary basis to the most qualified candidate based upon ability to perform the work, possession of required license or certification, ability to work cooperatively with employees, students and the public, attendance, and seniority. This transfer request expires once the positions are filled.

Return this form to the Human Resources Office by 4:00 pm on the posting deadline date.

The form will be stamped with the date of receipt and a confirmation of receipt returned to you.

Date Received: _____