BAKERSFIELD CITY SCHOOL DISTRICT

Education Center – 1300 Baker Street Bakersfield, California 93305 Personnel Services

CLASSIFIED TRANSFER REQUEST

Date				
	t is valid for six (6) months and r bmit <u>all</u> copies to Personnel; a sig			es by the person making the
First	Name Middle Na	me	Last Name	Phone
	A 11		- Cit-	7: 0.1
	Address		City	Zip Code
Check One: Do you have below for <u>al</u>		ersfield City Scho	ool District? I	(Administrative Request/Surplus f so, provide complete informatio sary.
Relative's Name		School/De	epartment	Relationship
Please list a	ny special skills or training:			
I wish to be	transferred:			
FROM:	Current assignment	(Iı	nclude site, job title and ho	urs per day)
TO:	Requested assignment	1.		
	2004 100000 10000 8			
		2		
		3.		
Signature of Principal/Department Head (Required only if making request)			Signature of Employee (Required)	
DISPOSITIO	ON OF REQUEST			
	Received and on file Denied Reason:			
Ву	Director, Classified Personi			
Tra	nsterred to		Position #	Date
Rec	quest expired Date			10/03