

REQUEST FOR TRANSFER (CHANGE OF WORK LOCATION)
ADMINISTRATORS AND EMPLOYEES: PLEASE READ THIS FORM FOR IMPORTANT INFORMATION

LAST NAME FIRST NAME MIDDLE INITIAL EMPLOYEE NUMBER
BUSINESS PHONE () -
HOME PHONE () -
ADDRESS CITY ZIP

JOB TITLE WORK LOCATION

CURRENT WORKING HOURS: FROM: TO:

CHECK THE ASSIGNMENT AREAS (S) FOR WHICH YOU WISH TO BE CONSIDERED. REFER TO THE ASSIGNMENT AREA MAP.

CLASSIFIED ASSIGNMENT AREAS:	<input type="checkbox"/> Central	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
M & O AREAS:	<input type="checkbox"/> N1 <input type="checkbox"/> PUN	<input type="checkbox"/> N2 <input type="checkbox"/> PUN	<input type="checkbox"/> C1 <input type="checkbox"/> PUC	<input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> PUC <input type="checkbox"/> NMC	<input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> PUC	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> PUS	<input type="checkbox"/> S1 <input type="checkbox"/> PUS	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> PUS	

PLEASE CONTACT ME FOR THESE WORK LOCATIONS ONLY:

I WILL ACCEPT: ☐ ANY ASSIGNMENT BASIS ☐ ONLY (CHECK ONE) A ☐ B ☐ C ☐ E ☐

SIGNATURE: DATE:

- ☐ REGULAR ASSIGNMENT:
I AGREE TO RELEASE THIS EMPLOYEE WITHIN 14 CALENDAR DAYS ONCE THE EMPLOYEE IS SELECTED AT ANOTHER SITE.
- ☐ DEFERRED APPROVAL: ADMINISTRATORS MUST REFER TO THE APPROPRIATE COLLECTIVE BARGAINING AGREEMENT TO DETERMINE THE MAXIMUM DEFERRAL PERIOD ALLOWED UNDER EACH COLLECTIVE BARGAINING UNIT. IF YOU HAVE INDICATED A DATE THAT EXCEEDS THE MAXIMUM DEFERRAL PERIOD, IT WILL BE CHANGED TO THE MAXIMUM DATE ALLOWED UNDER THE APPROPRIATE COLLECTIVE BARGAINING AGREEMENT. THE EMPLOYEE'S NAME WILL NOT BE CERTIFIED UNTIL THE DATE INDICATED, AND THE ADMINISTRATOR MAY HOLD THE EMPLOYEE 14 CALENDAR DAYS AFTER SELECTION AT ANOTHER SITE.

I AM UNABLE TO RELEASE THIS EMPLOYEE UNTIL ____ / ____ / ____
Date

Reason for Deferral:

PRINCIPAL, ADMINISTRATOR OR SECTION HEAD

PRINT NAME PRINT TITLE

SIGNATURE DATE

BRANCH DIRECTOR, DIVISION ADMINISTRATOR OR LOCAL DISTRICT SUPERINTENDENT:

PRINT NAME PRINT TITLE

SIGNATURE DATE

ADMINISTRATORS – PLEASE GIVE THE EMPLOYEE A COPY OF THE SIGNED REQUEST



INFORMATION
REQUEST TO TRANSFER TO A DIFFERENT WORK LOCATION

ADMINISTRATORS: WHEN AN EMPLOYEE SUBMITS A REQUEST FOR TRANSFER, IT CANNOT BE HELD NOR DISAPPROVED. YOU MUST APPROVE IT FOR EITHER "REGULAR APPROVAL" OR "DEFERRED APPROVAL." IF "DEFERRED APPROVAL" IS SELECTED, YOU MAY ONLY DEFER IT UP TO THE MAXIMUM TIME LIMIT SPECIFIED IN THE APPROPRIATE COLLECTIVE BARGAINING AGREEMENT. PLEASE REFER TO THE APPROPRIATE COLLECTIVE BARGAINING AGREEMENT TO DETERMINE THE LENGTH OF TIME YOU MAY DEFER A REQUEST. IF YOU HAVE INDICATED A DATE THAT EXCEEDS THE MAXIMUM DEFERRAL PERIOD, THE DATE WILL BE CHANGED TO THE MAXIMUM DATE ALLOWED UNDER THE APPROPRIATE COLLECTIVE BARGAINING AGREEMENT.

- A. All transfer requests must be submitted to the CURRENT administrator for approval and signature. Once approved, it remains in effect for the duration of the request (see time limits below).
- B. There is no obligation on the part of an appointing authority to select an employee requesting transfer over those persons on eligibility lists or persons approved the reinstatement. Employees will be sent on interviews when vacancies occur in the assignment areas they have selected.
- C. Any employee may request a transfer to a different work location in the same job classification. However, a request made by an employee who is not permanent in his or her present job class for who is still serving in restricted status; will be approved only in the best interest of the District.
- D. **TIME LIMITS:** A request for transfer will be kept active for the length of time specified in collective bargaining agreements. Please refer to the appropriate collective bargaining agreement to determine how long a request will remain active. If no transfer has taken place within the prescribed time, the request will be removed from the active file. A NEW REQUEST MUST BE SUBMITTED AFTER THE EXPIRATION DATE.
- E. All requests for transfer, other than for those job classes listed below, should be forwarded to the Classified EMPLOYMENT TRANSACTION SERVICES BRANCH – 12TH FLOOR, BEAUDRY BUILDING.

FOR THESE JOB CLASSES:

Early Education Center Aide
Skilled Trades
Transportation Classes

FORWARD TO:

Early Childhood Education Division – Beaudry Bldg, 16th Floor
Maintenance & Operations Branch – Beaudry Bldg, 22nd Floor
Transportation Branch – Soto Street

***PLEASE NOTE:** To ensure that your request is properly processed, you must have an updated LAUSD profile at all times. To update your profile, please go to ITD Self Help at <http://techsupport.lausd.net/>.

ADDITIONAL INFORMATION

USE PC FORM 5004, REQUEST FOR CHANGE OF ASSIGNMENT, IF YOU WISH TO:

- **REQUEST A CHANGE OF YOUR BASIS, TIME OR SHIFT;**
- **REQUEST A CHANGE FROM ONE JOB CLASSIFICATION TO ANOTHER JOB CLASSIFICATION;**
- **REQUEST A CHANGE IN EMPLOYMENT STATUS;**
- **REQUEST A POSITION PAYING A RESPONSIBILITY DIFFERENTIAL.**