

LOS ANGELES UNIFIED SCHOOL DISTRICT  
MEDICAL SERVICES DIVISION  
DISTRICT NURSING SERVICES BRANCH

## PROCESS FOR SCHOOL NURSE INITIATED REQUEST FOR TRANSFER

When possible, on or before April 1 of each year, the Assistant Director of Nursing posts the anticipated openings in Support Areas or District-wide/Central Office for the next school year. Posting these positions may be in the form of a memo or flyer provided in the School Nurse Staff Meeting packet or by mail, or posted on the DNS website.

School Nurse Role:

### 1. Inter-District Transfer

- a. All School Nurses that would like to transfer to another Support Area (inter-district) must complete a *Request for Transfer* Form and submit it to the Assistant Director of Nursing Services on or before **April 15**. Please send the original to District Nursing Services and a copy to your Nursing Administrator.
- b. The *Request* remains on file for one calendar year only, unless withdrawn, or changed by the applicant.
- c. If the School Nurse is selected from the transfer list, she/he must accept or decline the assignment in writing within ten days to the Assistant Director of Nursing Services.

### 2. Intra-district Change of Schedule

If a change of schedule is desired within a Support Area (intra-district) the School Nurse should consult with the Support Area Nursing Administrator or submit the request in writing. School Nurses are scheduled according to school needs and budgets, which can change.

### 3. District-wide Vacancy

If a School Nurse is interested in a **District-wide or Central vacancy**, he/she submits the Request for Transfer, a letter of intent, and a one-page resume to the Assistant Director of Nursing Services by April 15. Send a copy of the Request for Transfer to your Support Area Nursing Administrator.

**Los Angeles Unified School District**  
**MEDICAL SERVICES DIVISION**  
**DISTRICT NURSING SERVICES BRANCH**  
Credentialed School Nurse  
Request for Transfer

Name: \_\_\_\_\_ Pers ID/Emp No: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Telephone: Home # \_\_\_\_\_  
\_\_\_\_\_ Cell # \_\_\_\_\_  
Nursing Administrator: \_\_\_\_\_ Email: \_\_\_\_\_

Present Position: Credentialed School Nurse

Status: ☐ Permanent ☐ Probationary

Length of service as a School Nurse in LAUSD: \_\_\_\_\_ yrs Duration in present nursing area: \_\_\_\_\_ yrs \_\_\_\_\_ months

List previous schools: ☐ ES, ☐ MS, ☐ HS, ☐ Other \_\_\_\_\_

Number of previous transfer requests: \_\_\_\_\_ How many granted: \_\_\_\_\_ Date last transfer request granted: \_\_\_\_\_

**LIST THE NURSING AREA TO WHICH YOU WISH TO BE ASSIGNED IN ORDER OF PREFERENCE:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Assistant Director of Nursing Services: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Article XI-Transfers Sec 9.0 (UTLA Contract): Employee Initiated Transfers-Employees Time-reported from central or regional locations:** Any permanent Health and Human Services employee assigned from the central office, Local District office, service center or nursing services area, who has served in paid status for at least 130 days each year for three consecutive years at the same central or regional location from which transfer is sought may apply for a transfer.

1. Applications must be signed by the applicant and submitted to the Assistant Director of Nursing Services by April 15th. A copy will be sent to Local District Nursing Administrator.
2. No faxed applications will be accepted.
3. Applications are valid for one (1) calendar year unless withdrawn by the applicant.
4. A completed application does not guarantee a transfer will be granted.
5. Transfers are granted based on District need.