



College of the Desert Classified Employee Transfer Request Form

CURRENT CLASSIFICATION / POSITION

Full Name: _____
Last *First* *Middle Initial*

Email: _____

Job Title: _____

Department _____ Location _____

Hours per Week _____ Months per Year _____

COLLECTIVE BARGAINING AGREEMENT

Transfer Article 15.4
A request for transfer within the same job classification may be submitted at any time to the Office of Human Resources. Unit members on the transfer request list as of the closing date of the recruitment shall be offered an interview with the hiring manager along with other eligible applicants. Following the interview, the District will inform the unit member if the transfer request is approved or denied. An employee initiated transfer request shall be submitted via email to the Human Resources Office and shall remain on file in the Human Resources Office for twelve (12) months, or when the transfer occurs, or when the employee is promoted or leaves the District, whichever occurs first.

Employee Signature _____ Date: _____

Human Resources Use Only	
Date Received: _____	Initials: _____
Expiration Date: _____	Initials: _____
Reason Form Removed (expired, new position, etc.) _____	Initials: _____