

Certificated Employment

ADMINISTRATIVE TRANSFER REQUEST

EMPLOYEE INFORMATION

Name:	Employee Number:	
Position/Subject:	Status:	
Current Cost Center Name:	Current Cost Center Code:	
REQUESTING OFFICE / NEW		ATION
Hiring Administrator:	Contact Phone Number:	
New Cost Center:		
Rationale for Request:		
Date employee is being released from current assignme	nt:	
APPRC	VAL	
Signing below indicates that both releasing and receiving	ng administrators have	been notified of this transfer.
I certify that the assignment of this employee is in accord assignment of close relatives or cohabitants to work in situation of close relatives or cohabitants to work in situa	•	
		<u>YES NO </u>
Releasing Region Superintendent / Division Head	Date	Transfer Approved
Receiving Region Superintendent / Division Head	Date	Transfer Approved
This form and all other documents required be submitted by the requesting office to :	to process new as	signment need to
Certificated Employment Human Resources, Beaudr	y, 15th Floor	

HRSupportServices@lausd.net

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