

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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