

**HOLTVILLE UNIFIED SCHOOL DISTRICT**

621 E. Sixth Street  
Holtville, Ca. 92250  
(760) 356-2974 (760)356-4936 fax

\*\*\*\*\*

**REQUEST FOR TRANSFER  
CERTIFICATED/CLASSIFIED PERSONNEL**

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

Name: \_\_\_\_\_

Present Position: \_\_\_\_\_

Current School Site: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

Position you are seeking: \_\_\_\_\_

Prospective School Site: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credentials: \_\_\_\_\_

Submit completed request to the District Administration Office.

**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION**