



IMPERIAL COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES
TRANSFER OR REASSIGNMENT REQUEST

EMPLOYEE INFORMATION

Name: _____ Department: _____
Immediate Supervisor: _____ Date: _____

TRANSFER /REASSIGNMENT

Type of Action:

Transfer Reassignment Temporary Permanent Voluntary District

From – Department: _____

To – Department: _____

Present Classification: _____

Salary Range/Step: _____ Months of Service: _____

Funding: District State Federal

Account Number: _____

New Classification: _____

Salary range/Step: _____ Months of Service: _____

Funding: District State Federal

Account Number: _____

Beginning Date of New Assignment: _____ End Date: _____
(If applicable)

Reason for transfer or reassignment: _____

SIGNATURES

Employee: (required if a District transfer or reassignment)

Signature: _____ Date: _____

Immediate Supervisor:

Signature: _____ Date: _____

Immediate Vice President/Dean

Signature: _____ Date: _____

Supervisor (Department Transferring To)

Signature: _____ Date: _____

Vice President/Dean (Department Transferring To)

Signature: _____ Date: _____

Vice President/Dean (Department Transferring To)

Signature: _____ Date: _____

Associate Dean of Human Resources/EEO

Signature: _____ Date: _____

Superintendent/President:

Signature: _____ Date: _____

NOTICE OF TRANSFER OR REASSIGNMENT:

(Note: Written notice of a District transfer or reassignment shall be received by the affected employee and exclusive representative, if any, at least ten (10) work days prior to the effective date of a permanent transfer or reassignment.)

Date employee received notice of transfer/reassignment: _____

Signature: _____ Date: _____

OPTIONAL:

I waive my right to receive written notification pursuant to CSEA, Article 16.

cc: Payroll Coordinator
 Employee
 CSEA President