

**IMPERIAL COMMUNITY COLLEGE DISTRICT
REQUEST FOR VOLUNTARY TRANSFER OR REASSIGNMENT**

INSTRUCTIONS TO EMPLOYEE: *Please complete Section 1. Submit the form to Human Resources for completion of Section 2 and further processing.*

SECTION 1 *(To be completed by Employee)*

Type of Action Requested: lateral transfer voluntary
demotion

Name: _____ Date: _____

Immediate Supervisor: _____

Present Classification: _____
Salary Range/Step: _____

Requested Classification: _____
Salary Range/Step: _____

Present Department: _____
Department to which transfer is requested: _____

Additional job/educational experience relating to job duties: _____

Reason for requesting transfer: _____

Signature

Date

SECTION 2 *(To be completed by Human Resources)*

Meets minimum qualifications: Yes No

Meets criteria for “voluntary” transfer or reassignment as per Article 15 Transfer and Reassignment.
 Yes No

SECTION 3 *(To be completed by Immediate Supervisor after Section 2 has been reviewed by Human Resources)*

Notification of Intent

Reason: _____

Signature of Immediate Supervisor

Date