



**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(s): \_\_\_\_\_

New Classification: \_\_\_\_\_

Salary range/Step: \_\_\_\_\_ Months of Service: \_\_\_\_\_

Funding:                      District                      State                      Federal

Account Number(s): \_\_\_\_\_

Beginning Date of New Assignment: \_\_\_\_\_ End Date: \_\_\_\_\_  
(If applicable)

Reason for transfer or reassignment: \_\_\_\_\_

**FISCAL IMPACT STATEMENT**

Please indicate the fiscal impact to the District general fund.

**SIGNATURES**

**Employee (required if a District transfer or reassignment):**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Immediate Supervisor (Department Transferring From):**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Immediate Vice President/Dean (Department Transferring From):**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Immediate Supervisor (Department Transferring To):**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vice President/Dean (Department Transferring To):**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chief Human Resources Officer/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.

copy: Payroll Coordinator  
Employee  
CSEA President