

**POMONA UNIFIED SCHOOL DISTRICT
REQUEST FOR TRANSFER – CERTIFICATED POSITION**

PERSONNEL USE ONLY Selected _____ Letter Mailed _____
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Please consider my request for transfer: _____
(Please print your full name)

From: _____
(School)

To: _____
(School)

Grade/Subject: _____

Grade/Subject: _____

VACANCY NUMBER: _____

Please state reason for request:

Major(s): _____

Minor(s): _____

Please indicate the number of years in each of the following:

- _____ teaching experience
- _____ with Pomona Unified School District
- _____ in present location

Credential(s) in force: _____

Degree(s) earned: _____

Please list any special areas of preparation (coaching, music, art, drama, journalism, reading, etc.), as well as any additional data supporting this request:

Procedures outlined in Article 11 of the Associated Pomona Teacher's Agreement will be the guidelines used in considering this request

(Your signature)

(Date)

(Your street address)

(City & Zip Code)

(Your home phone number)

(Your present location's extension)