



ADMINISTRATIVE TRANSFER REQUEST

EMPLOYEE INFORMATION

Name: _____ Employee Number: _____
Subject: _____ Status: _____
Current Cost Center Name: _____ Current Cost Center Code: _____

REQUESTING OFFICE / NEW LOCATION INFORMATION

Hiring Administrator: _____ Contact Phone Number: _____
New Cost Center: _____ New Cost Center Code: _____
Rationale for Request: _____
Date employee is being released from current assignment: _____

APPROVAL

Signing below indicates that both releasing and receiving administrators have been notified of this transfer.

I certify that the assignment of this employee is in accord with Board Rule 1911 (Nepotism) and avoids the assignment of close relatives or cohabitants to work in situations where conflicts of interest could arise.

Releasing Local District Superintendent / Division Head Date YES NO
Transfer Approved

Receiving Local District Superintendent / Division Head Date YES NO
Transfer Approved

This form and all other documents required to process new assignment need to be submitted by the requesting office to:

Certificated Assignments & Support Services
Human Resources, Beaudry, 15th Floor
HRSupportServices@lausd.net Fax: (213) 241-8410 / 8411

