

**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: _____

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