



IMPERIAL COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES
TRANSFER OR REASSIGNMENT NOTICE

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:** _____

Associate Vice President Human Resources:

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