



**COMPTON UNIFIED SCHOOL DISTRICT**  
**Human Resources**  
501 South Santa Fe Avenue  
Compton, CA 90221

TELEPHONE: (310) 639-4321 Ext. 55075  
Fax: (310) 764-5892

## INTERSCHOOL VOLUNTARY TRANSFER REQUEST FORM

Form OCP 101

Please fill each section COMPLETELY and return to Dr. Kanika White, Senior Director - Human Resources, no later than the last day for transfer requests as set forth in the CUSD/CEA Agreement.

**Section I (Please print or type)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Current Position: \_\_\_\_\_ Home or cell telephone #: \_\_\_\_\_  
Current School/Location: \_\_\_\_\_

**Section II (Please print or type)**

Preferred Position: \_\_\_\_\_  
Subject(s) or Grade \_\_\_\_\_

**Section III (Please print or type)**

Preferred Location:  
First Choice: \_\_\_\_\_ School \_\_\_\_\_  
Second Choice: \_\_\_\_\_ School \_\_\_\_\_  
Third Choice: \_\_\_\_\_ School \_\_\_\_\_

**Section IV (Please print or type)**

Reason for change:  
\_\_\_\_\_  
\_\_\_\_\_

**Section V**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_