

**SWEETWATER COUNSELING & GUIDANCE ASSOCIATION/CTA/NEA**

**LATERAL TRANSFERS**

If you are interested in a **Lateral Transfer** during the next school year, please return this form to the **Personnel Services Department, no later than MARCH 1.**

You will be given consideration for a lateral transfer to vacant counseling positions in accordance with Article 7, Transfer Policy, Section 7.2.

If a position becomes available at a site for which you did not state a preference, you will need to submit an application.

**PREFERENCE SITES:**

- |                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> <b>BVM</b>  | <input type="checkbox"/> <b>BVH</b> | <input type="checkbox"/> <b>ORH</b>                    |
| <input type="checkbox"/> <b>CPM</b>  | <input type="checkbox"/> <b>CPH</b> | <input type="checkbox"/> <b>SYH</b>                    |
| <input type="checkbox"/> <b>CVM</b>  | <input type="checkbox"/> <b>CVH</b> | <input type="checkbox"/> <b>CVA</b>                    |
| <input type="checkbox"/> <b>ELM</b>  | <input type="checkbox"/> <b>ELH</b> | <input type="checkbox"/> <b>MOA</b>                    |
| <input type="checkbox"/> <b>GJ</b>   | <input type="checkbox"/> <b>HH</b>  | <input type="checkbox"/> <b>NCA</b>                    |
| <input type="checkbox"/> <b>HM</b>   | <input type="checkbox"/> <b>MVH</b> | <input type="checkbox"/> <b>SYA</b>                    |
| <input type="checkbox"/> <b>MVM</b>  | <input type="checkbox"/> <b>MOH</b> | <input type="checkbox"/> <b>INDEPENDENT STUDY HIGH</b> |
| <input type="checkbox"/> <b>RDRM</b> | <input type="checkbox"/> <b>PH</b>  | <input type="checkbox"/> <b>OPTIONS SECONDARY</b>      |
| <input type="checkbox"/> <b>MOM</b>  | <input type="checkbox"/> <b>SOH</b> | <input type="checkbox"/> <b>ALTERNATIVE EDUCATION</b>  |
| <input type="checkbox"/> <b>NCM</b>  | <input type="checkbox"/> <b>SUH</b> | <input type="checkbox"/> <b>ALTA VISTA</b>             |
| <input type="checkbox"/> <b>SOM</b>  | <input type="checkbox"/> <b>OLH</b> | <input type="checkbox"/> <b>EAST HILLS ACADEMY</b>     |

**Method of Contact (Home Phone/Cell Phone/E-Mail, etc.):**

1. \_\_\_\_\_
2. \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Current Site**

White: Human Resources

Canary: SCGA

Pink: Member