



County of San Bernardino CHECKLIST FOR TRANSFER WITHOUT PROMOTION/ LATERAL TRANSFER

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name
Department		

PREREQUISITE

Note: Prerequisite(s) must be completed and sent to Employment-Human Resources prior to completing this packet

Personnel Requisition (PR)*

[Manual – Include copy with packet](#)

Online

REQUIRED

[Employment Status and Wage Notification](#)

[Job Action Request \(JAR\)](#)

REQUIRED (IF APPLICABLE)

[Bilingual Compensation Request – Level I*](#)

[Extra-Help/Recurrent Appointment Agreement Form 700](#)

[Bilingual Assessment & Compensation Request – Levels II or III*](#)

[Job Share Contract](#)

[Bilingual Questionnaire/Justification – Levels II or III*](#)

[Transfer Request Special Transfer Between Two Departments](#)

[Bilingual Assessment & Compensation Request – Safety Unit](#)

Other forms (if applicable)

*Special Districts: Send to Special Districts Human Resources

Incomplete Packets Will Be Returned