

CLASSIFIED TRANSFER REQUEST FORM

INSTRUCTIONS: Clearly print or type all information requested below and forward completed form to the Office of Human Resources and Employee Relations. A permanent full or part-time employee may request a transfer within the same job classification. (Article 8.3.1) Request must be submitted to the office of Human and Employee Relations office by the close of business on the deadline date listed on the in-house announcement.

Transfer requests are kept active for one calendar year from the date submitted. It is the responsibility of the employee to keep transfer requests current.

Personal Data

Name: _____ **Phone: Home:** (____) _____
Last First MI Bus.: (____) _____
Address: _____

Position

Current Position: _____ **Department:** _____ **Supervisor:** _____
Number of years in current position: _____ **Shift:** []Day []Swing []Split []Evening
May we contact your current supervisor? []Yes []No
If yes, please provide supervisors phone number: (____) _____
Position Desired: _____ **Department:** _____ **Supervisor:** _____
(From job announcement) **Shift:** []Day []Swing []Split []Evening

Special Qualifications/Education

Indicate special skills, abilities, experience (including operation of office machines, etc.) or any information that would be helpful in considering your request as it relates to this position. (attach additional page(s) if necessary)

Reason for transfer

Give a brief summary of why you are interested in this position.

Read carefully before signing

I certify that I am a permanent full or part-time employee. I understand that I must provide accurate information and must respond within 48 hours when contacted for a transfer opportunity.

Employee's Signature

Date

OFFICE OF HUMAN RESOURCES AND EMPLOYEE RELATIONS USE ONLY

DISPOSITION OF REQUEST

____ Approved

____ Denied Reason: _____

Approving Supervisor's Signature

Superintendent/President Signature

