Office of Human Resources

Employee Transfer Request

Please print the following information about yourself in pen

TO BE COMPLETED BY EMPLOYEE			
Name (Print)	Employee No.	Department	Hours of Work
Present Classification		Requisition No.	Seniority Date

CLASSIFICATION BID FOR (as posted):

Job Title_____Date of Posting:_____

Department_____Shift:_____

QUALIFICATIONS FOR WORK APPLIED FOR (You are encouraged to attach an updated resume)

REASON FOR TRANSFER REQUEST

NOTE: The filling of a new bid will cancel any other ACTIVE bid you may have in the Office of Human Resources. All Blocks must be complete. You will be notified by your supervisor.

EMPLOYEE SIGNATURE	DATE

TO BE COMPLETED BY EMPLOYEE'S PRESENT SUPERVISOR	
WILL A REPLACEMENT BE REQUIRED (check one): ☐ Yes ☐ No Work week schedule (hours, etc.) _____	
SUPERVISOR'S SIGNATURE	DATE
(PRINT NAME)	SUPERVISOR'S PHONE NUMBER: Cell: Office:
(PLEASE FORWARD TO THE OFFICE OF HUMAN RESOURCES)	

FOR HIRING DEPARTMENT USE ONLY	
DATE RECEIVED	DATE OF INTERVIEW
DISPOSITION ☐ Approved ☐ Superseded ☐ Denied ☐ Withdrawn	REASON FOR DENIAL ☐ Seniority ☐ Qualifications ☐ Cancellation ☐ Lower Rated Classification ☐ Recent Bid ☐ Other
NOTES	
BY	DATE