

## **Staff Transfer Request Form**

To be eligible for a transfer, you must have been in your current position for at least 6 months, and you MUST be in good standing as an employee. All transfers are subject to approval and WILL NOT happen immediately. Two weeks notice is the required minimum, but the transfer could take longer, based on the needs of the client(s), and the needs of the department in which you are currently working.

Name: \_\_\_\_\_  
\_\_\_\_\_

Date:

Current \_\_\_\_\_  
\_\_\_\_\_

Position:

Length Of Time In Current Position: \_\_\_\_\_

Position You Wish To Transfer To: \_\_\_\_\_

Why? \_\_\_\_\_  
\_\_\_\_\_

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Current Supervisor: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE. This section for office use only.**

Use this section for notes, evaluation information, etc.

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\_\_\_\_\_ Approved

Will Start New Position On \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Not Approved

Current      Program      Director      Signature      \_\_\_\_\_ Date:

\_\_\_\_\_

HR              Approval              \_\_\_\_\_ Date:

\_\_\_\_\_

- Copy To Employee
- HR Department
- Office Coordinator
- Payroll