

TRANSFER REQUEST FORM

Name _____ Social Security Number _____ - _____ - _____

This is to request to transfer **from**:

Department _____ Classification _____

Pay Grade _____ Step _____ Pay Rate _____

To:

Department _____ Classification _____

Pay Grade _____ Step _____ Pay Rate _____

Effective Date: _____

Leave Balances: _____ Vacation Hours _____ Sick Hours
_____ Compensatory Time Hours (Paid/Carried)

Request submitted by _____
Employee Signature _____ Date _____

Approvals:

Current Appointing Authority _____ Date _____

Proposed Appointing Authority _____ Date _____

Personnel Director _____ Date _____

Note: This request should be completed and all approvals obtained prior to the effective date.