



Internal Transfer Application

Internal candidates requesting consideration for vacant positions are evaluated according to the Job Requirements of the posted position. To qualify for consideration, internal applicants:

- ☐ **Must** have completed six (6) months of employment in your current position;
- ☐ **Must** meet the minimum training and experience required for the posted position;
- ☐ **Must** have an acceptable Performance Rating; **AND**
- ☐ **Must NOT** have a record of Disciplinary Action within the past six (6) months.

***** ALL TRANSFER REQUESTS ARE KEPT STRICTLY CONFIDENTIAL *****

Employee Information:

Employee Name: _____ Employee #: _____

Employee Home Telephone: _____ Hire Date: _____

Current Position: _____ Current Department: _____

Current Supervisor _____ Supervisor Telephone/Extension _____

Have you discussed this request with your Supervisor? ☐ Yes ☐ No

May we contact your Supervisor? ☐ Yes ☐ No

Why are you seeking a transfer at this time? _____

Posting Information:

Position Posting #: _____ Position Title: _____

Based on your work experience and educational background, what are your qualifications for the position? (Be specific)

Note: Attach a current resume, if available. Make sure that you include any information that may help you qualify for the position.

Certification and Signature:

I certify that the above information provided by me is true and accurate. I understand that only the applicants meeting the requirements of the position will be interviewed. I further understand that my current Supervisor will be contacted if I am a finalist for the position after the initial interview.

Employee Signature: _____ Date: _____

*****Interviewing packets (tips, sample questions, articles, etc.) are available in Human Resources*****

FOR HUMAN RESOURCES USE ONLY:

Schedule: _____

Confirm: _____ Ext. _____

Appointment Scheduled: _____ HR: _____

Department: _____

Appointment: _____

HR: _____ Date: _____

NOTES: _____

PERSONNEL CHANGE FORM – PA52

Employee# _____ Name _____
Last, First Mi

Effective Date _____ Employee Signature: _____

PLEASE FILL OUT ALL ITEMS TO BE CHANGED:

ACTION:

<input type="checkbox"/> Pay Change	<input type="checkbox"/> Department Transfer	<input type="checkbox"/> Job Change
<input type="checkbox"/> Reduce Hours	<input type="checkbox"/> Increase Hours	<input type="checkbox"/> Other: _____

Department _____ to Department _____ Code _____

POSITION: _____ FTE: _____ to HRS _____

RATE of PAY: _____ ☐ Exempt ☐ Non-Exempt (Annual if Exempt; Hourly if Non-Exempt)

Previous Rate of Pay: _____ REASON: _____

ETO Plan (TA80) _____ Balance _____ to ETO Plan _____ Balance _____

Insurance Plan/Deduction change: _____ to _____