ABC-4-11-18
Revised 1/2010

Request to Transfer Employee

ABC BOARD

TO: ABC Personnel Manager

Date: _____

Employee's Name: _____

SSN: XXX-XX- _____

Enter employee's name as it appears on payroll information.

TRANSFER FROM:

Division Code: _____

County Code: _____

Class Title: _____

Position No.: _____

TRANSFER TO:

Division Code: _____

County Code: _____

Class Title: _____

Position No.: _____

Effective Date: _____

Does this employee have supervisory responsibilities? ☐ Yes ☐ No

Reason for Transfer: _____

Provide a brief justification for this transfer request:

Division Head: _____

Supervisor: _____

Print Form