

Transfer Request Form

Full Name (PRINT): _____

Current Job Title: _____

Current Home Department/RU: _____

Phone # you may be reached at: _____

Hire Date: _____

Position Applying For, Location: _____

NOTE: To be eligible for a transfer, you should have a minimum of 6 months of service in your current position and no current disciplinary actions in the past 12 months.

STEPS:

1. Employee completes and signs
2. Forward to Current Supervisor
3. Current Supervisor forward to Human Resources and **CC: MI/ID/SUD Director and Clinical Director**
4. HR forwards to supervisor with opening and **CC: MI/ID/SUD Director and Clinical Director**

Check credentials that you feel qualifies you for the position you are applying for:

Licensure

- LPC _____
 LICSW _____
 CDL _____
 LPN
 RN
 CRNP

Education

- GED
 HS
 Assoc
 Bachelors
 Masters
 Ph.D.

Experience

- No Experience
 1-3 years Exp.
 3 + years Exp.

Clerical

- Word Processing
 Excel
 Type 40+ wpm
 Other: _____

Additional reasons you feel qualified for this position: _____

Employee Signature _____ **Date** _____

Current Supervisor _____ **Date** _____

HR Dept _____ **Date** _____

HR Forward to Supervisor who has opening and CC: MI/ID/SUD Director and Clinical Director

_____ **Date** _____

*Contact HR for assistance if you have concerns prior to forwarding to your current supervisor for signature.