

EMPLOYEE TRANSFER REQUEST FORM

A.	Application to be completed by the employee and their supervisor				
	Select scenario that applies to this application:				
	☐ Employee-initiated Transfer Request				
	☐ Employer-initiated Transfer	Request			
В.	Employee Details				
	Last Name	First Name	Initial		
	Department		Unit		
	Position		Employee Number		
			2p.o/ce rvaser		
C.	Transfer Arrangements Sought	: To be completed by the rec	westor		
٠.	Proposed New Location	To be completed by the rec	Jacotor		
	Requested Date of Transfer				
	Reason for Transfer				
	Employee's Signature		Date		



D.	Supervisor's Recommendation				
	Transfer Arrangement is: Recommended Not Recommended				
	Additional Notes (for supervisor's use: e.g., stakeholders consulted):				
Su	pervisor's Signature Date				
Ε.	Department Head's Recommendation				
	Transfer Arrangements is: Recommended Not Recommended				
	Additional Notes:				
	Signature				
F.	Chief Executive Officer's Approval				
	Transfer Arrangements is: Approved Denied				
	Additional Notes:				
	Signature Date				