

# Black Hawk County

## Transfer Request Form

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Current Position: \_\_\_\_\_

Current Department & Work Location: \_\_\_\_\_

Current Supervisor: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_

Description of position you are requesting to transfer into: \_\_\_\_\_

I wish to transfer to any position in this classification:  Yes  No (If no, indicate the specific position and department you wish to transfer into: \_\_\_\_\_)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name Printed

**For use by Human Resources Department Only:**

Date transfer request received by Human Resource Department: \_\_\_\_\_

Contract Number of Employee's Current Position: \_\_\_\_\_ Grade: \_\_\_\_\_

Employee's DOH: \_\_\_\_\_ Current Seniority Date: \_\_\_\_\_

Date employee notified of transfer opportunity: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_