



# TRANSFER REQUEST FORM

Today's Date \_\_\_\_\_

Personal Information:			
Name:		Team Member #:	Contact Phone Number:
Current Position:	Department:		Current Hourly Rate/Salary:
Current Status:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Casual <input type="checkbox"/> Temporary / On-Call
Hire Date:	Months/Years in current position:		

Position Information:
Position Applying For:
Please list your skills, qualifications and number of years' experience relating to position applied for:
Please list any equipment/technical knowledge relating to position applied for:

TRANSFER REQUEST ACKNOWLEDGMENT		
TEAM MEMBER - READ CAREFULLY BEFORE SIGNING		
I am aware that to be eligible for a transfer, I must be in my current position for a minimum of 90 days and my file must not contain any ROEs with written warnings or higher within the previous 90 days. I understand that by accepting a transfer, I am subject to a new 90 day introductory period, background check & drug screen.		
Team Member Signature:	TM#	Date:

**VP or Director must sign this form prior to submittal to be considered for Transfer Opportunity.**

For VP/Director Use Only:			
The Team Member listed above has made me aware of their Transfer Request.			
VP/Director Name (Printed):	VP/Director's Signature:	TM#:	Date:

For Human Resources Use Only:			
Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	Human Resources Signature:	TM#:	Date: