

# TRANSFER / STATUS CHANGE REQUEST

## Return to Human Resources Secretary



\_\_\_\_\_  
Name

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Current Department

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

Current Shift:

\_\_\_\_ Days

\_\_\_\_ Evenings

\_\_\_\_ Nights

Current Status:

\_\_\_\_ Full-time

\_\_\_\_ 32-hour work agreement

\_\_\_\_ Part-time – 1/5, 2/5, 3/5, 4/5 (Circle one)

\_\_\_\_ Call-in

Request to change from \_\_\_\_\_ or add to \_\_\_\_\_ (check one) my current position

\_\_\_\_\_  
Requested Department

\_\_\_\_\_  
Requested Position

Requested Shift:

\_\_\_\_ Days

\_\_\_\_ Evenings

\_\_\_\_ Nights

Requested Status:

\_\_\_\_ Full-time

\_\_\_\_ 32-hour work agreement

\_\_\_\_ Part-time – 1/5, 2/5, 3/5, 4/5, Other \_\_\_\_\_

\_\_\_\_ Call-in

**May your current director be contacted as a reference?**

\_\_\_\_ Yes

\_\_\_\_ No, please do not at this time

Reason for Request:

Special Qualifications:

**I understand that upon transfer acceptance, a copy of this form will be provided to Employee Health Services. An appointment will be made for me to have a post offer examination with Deb McAteer in Employee Health to review the essential functions of the new position and have appropriate testing if indicated.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Extension/Home Phone

\_\_\_\_\_  
Address

**HR Use Only:**

Date Received \_\_\_\_\_

Hire Date \_\_\_\_\_

Routed to Dept Director \_\_\_\_\_

Next Evaluation \_\_\_\_\_

TRANSFER ACCEPTED? YES \_\_\_\_\_ NO \_\_\_\_\_

If No, Employee Notified? Yes \_\_\_\_\_ No \_\_\_\_\_

HIRING SUPERVISOR'S COMMENTS:

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\_\_\_\_\_  
Directors Signature

\_\_\_\_\_  
Date Returned to HR

Effective Date of Transfer: \_\_\_\_\_ (if unknown, please notify HR when date is determined)

Additional Comments:

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<b>HR Secretary:</b>	<b>HR Benefits Assistant:</b>	<b>HR Generalist:</b>
Make Envelope-	Benefit Billing-	New Pay Rate Set-
Name Badge-	Health-	Appt. sched. With Employee Health Coordinator-
Enter into App. Tracking-	Dental-	Background Check?-
Pull TR Request copy-	Vision-	Performance Appraisal- By:-
	Life Insurance-	
	Benefit Change Form-	
<b>HR Assistant:</b>		<b>Employee Health Coordinator:</b>
<b><i>Without Date:</i></b>	<b><i>With Date:</i></b>	Post offer requirement completed-
Blue & Green Sheets-	Add to New Hire Spreadsheet-	
Enter into Req. Report-	Care Learning-	
Change Job Postings-	Change in Intranet-	
Change Title in Q Screen for name badge-	Payslip-	
Dept. Orientation Checklist-	Work Agreement-	
Initial Employment Competency-	Confirm Letter/Copy Sent-	
Copy of license/certification-	Benefit Packet-	
Online verification-	Benefits Appt (30 days)-	
Abuse/CPR-	CPSI Security (Notify IT)-	
	Contact Staffing Office?-	