## TRANSFER REQUEST

Date Submitted:	
Name:	Current Location:
Current Schedule:	
Current Schedule: (AM, PM, MIDNIG	GHTS) (# HOURS WORKED PER WEEK)
I am requesting a transfer to	I would like to transfer by
The	hours I would like to transfer to: and  (AM, PM, MIDNIGHTS) (# HOURS PER WEEK REQUESTED)
I understand that no schedule is guarante	eed and my hours may change at anytime based on the needs of the
Program. I am requesting my employee	e status to be: Part Time / Full Time
**If transferring to <u>any</u> Program in Bern complete the finger printing process. Re	rien County (licensed or non-licensed eff. 10/1/13), <u>all</u> employees must eview Employee Checklist and Personnel File
*	ver my hours for my present position so that undo hardship is not caused is a request, and it must be reviewed for possible approval.
STAFF SIGNATURE	DATE
• Employee must submit completed form to	the LADD Office.
***********	FOR MANAGEMENT USE ONLY************************************
Approved No Reason:	ot Approved
Flexible Benefit Form filled out for Status Change Form filled out for rA new Conditional Job Offer Lette	r change in status.
Transfer to take place by ${DATE}$	·
Employee Checklist Completed for Program Requirem	areas requiring follow up including the discipline record, drivers license, injuries, legal issues and program specific tool box training. Including Transferring Employee Orientation Checklist.
CURRENT MANAGER SIGNATURE / DATE FU	TURE MANAGER SIGNATURE / DATE  SUPERVISOR SIGNATURE / DATE

Corporate/Regional Office will set Outlook calendar message for the receipt of the Transferring Employee Orientation Checklist upon receipt of the approved Transfer Request.