

## TNC COMMUNITY REQUEST FOR TRANSFER

**To be completed by employee (please print or type):**

|                                      |                   |                                     |  |
|--------------------------------------|-------------------|-------------------------------------|--|
| Employee Name:                       |                   |                                     |  |
| Current Job Title:                   | Current Location: | Length of time in Current Position: |  |
| Current Status (FT, PT, PRN, OTHER): | Position Desired: | Location:                           |  |
|                                      |                   | Shift Hours:                        |  |
| Reason for Transfer:                 |                   |                                     |  |
| Employee Signature:                  |                   | Date of Signature:                  |  |

**To be completed by Staff Development:**

|  |                        |  |  |
|--|------------------------|--|--|
| Original TNC Community Hire Date:  |                        | Has Employee completed at least 6 months in current position?<br>Yes                  No |  |
| Any disciplinary actions in last 90 days?<br>Yes                  No   | If yes, when?<br>Date: | What was the reason for disciplinary action?   |  |
| Date of last evaluation: _____   |                        | Comments:  |  |
| Disposition:                  Selected                  Not Selected   |                        |  |  |
| <input type="checkbox"/> Employee accepted job offer; anticipated start date: _____<br><input type="checkbox"/> Employee withdrew/declined consideration<br><input type="checkbox"/> Employee declined job offer |                        |  |  |
| SD Signature:  |                        | Date of Signature:   |  |

**To be completed by prospective department:**

|                               |  |
|-------------------------------|--|
| Interviewer's Signature/Date: | Prospective Supervisor's Signature/Date: |
|-------------------------------|--|

**If selected, to be completed by current department:**

|                                 |                    |
|---------------------------------|--------------------|
| Current Supervisor's Signature: | Date of Signature: |
|---------------------------------|--------------------|

**Input of persons receiving services has been considered.**

|                                      |  |
|--------------------------------------|--|
| Applicable Manager's Signature/Date: | Associate Executive Director or Executive Director's Signature/Date: |
|--------------------------------------|--|