**TRANSFER OUT/IN REQUEST**

**EMPLOYEE COMPLETE:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), want to transfer to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Department from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Department. I acknowledge that **if** the new transfer county’s opening is for a different classification than I am currently, my classification could change. This may be a reclassification, promotion, or demotion.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee Signature Date

TRANSFER IN to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Department

Please accept this signed request as my approval for this employee to transfer in.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Appointing Authority Signature Date

TRANSFER OUT of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Department

Please accept this signed request as my approval for this employee to transfer out. I have provided the information below needed for transfer. I am aware that if the employee has any compensatory leave, it shall be paid out to the employee by my agency. I will update the new agency of sick and annual leave balances at the time of the transfer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Appointing Authority Signature Date

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| INFORMATION REQUIRED FOR THE TRANSFER |
| DATE ACTION IS TO BE EFFECTIVE: |  |
| EMPLOYEE’S FULL NAME: |  |
| EMPLOYEE ID#: |  |
| CLASS TITLE: |  |
| TITLE CODE: |  |
| EMPLOYEE’S SALARY: | **/HOUR** |
| WEEKS OF SERVICE AT THE TIME OF TRANSFER: |  |
| ANNUAL INCREMENT DATE:  |  |
| SICK LEAVE BALANCE BEING ACCEPTED: | **AS OF ENTER DATE OF THIS MEMO** |
| ANNUAL LEAVE BALANCE BEING ACCEPTED: | **AS OF ENTER DATE OF THIS MEMO** |
| PAYROLL DEDUCTIONS: |  |
| ADDITIONAL INFORMATION/COMMENTS: |  |