

APPLICATION FOR INTER-DEPARTMENT TRANSFER

NAME: _____ DATE: _____

Position Applied For: _____ Department: _____

Present Position Title: _____ Present Department: _____

Date of Hire: _____

How long in present position* _____

***If less than one year, your current supervisor's approval is required.**

Supervisor Signature*

Date

Title

List the computer software programs that you have knowledge/skill: _____

List any special skills or knowledge that you possess that will transfer to this position: _____

List any education or specialized training that you have received that is transferable to the position you are applying for: _____

List any awards or special achievements that you have received: _____

List any business related organizations which you belong to: _____

Are you physically able to perform the duties of the job for which you are applying?

_____ YES _____ NO

If not, would you be able to do the job with a reasonable accommodation?

_____ YES _____ NO

What would the accommodation (s): _____

State any additional information you feel may be helpful to us in considering your transfer:

Signature of Applicant

InterDepTrans/01