

EXCEPTIONAL PERSONS, INC.

INTERNAL TRANSFER REQUEST FORM

NAME: _____ **DATE:** ____/____/____

HOME OR CELL PHONE: _____ - _____ - _____ **Email address** _____

HIRE DATE: _____

CURRENT POSITION: _____

CURRENT SUPERVISOR: _____ **Length of Time in Current Position:** ____

MY TRAINING IS CURRENT: ____ Yes ____ No

EDUCATION: _____

PREVIOUS POSITION(S) HELD: _____

I AM INTERESTED IN THE FOLLOWING POSITION: (NOTE: A separate form must be completed for each transfer request.) _____ **Posted date:** _____

Site Supervisor: _____

Is this position a complete transfer, or in addition to your current job? ____ Complete Transfer
____ Add On

QUALIFICATIONS:

Please list your qualifications, based on the job description, for the position for which you are applying (attach an additional sheet, resume, or letter if necessary).

THE PROGRAM DIRECTOR RESERVES THE RIGHT TO ASSIGN/TRANSFER STAFF AT ANY TIME, BASED ON CONSUMER AND/OR PROGRAM NEEDS.

See reverse side for eligibility and procedure information

Date Received by HRD ____/____/____

Date Received by PD ____/____/____

Date Processed by HRD ____/____/____

Date Processed by PD ____/____/____

Eligibility and Procedure for Internal Transfer Request

Eligibility to Request a Transfer:

1. A newly hired employee must have been employed by the agency for six months in order to be eligible to apply for transfer.
2. An employee must have been in his/her current job position for a minimum of six months.
3. **All required training and personnel documents must be current** (ie. physical, Tuberculosis test, proof of auto insurance, copy of current driver license).
4. The employee must have a satisfactory rating on his/her most recent Performance Evaluation.
5. The employee must not be currently assigned a Work Improvement Plan.

Note: Any exceptions to the above eligibility requirements must be approved by the program director.

Procedure for transfers:

1. All job openings are posted on the job opening board located in the EPI Central Office North hall near the copy room door.
2. Complete this form and submit it to the human resources director. (Forms are available with the receptionist and human resources department personnel).
3. The human resources director will review the eligibility requirements and submit the form to the program director.
4. The program director will forward the form to the supervisor for the position to which the employee has applied.
5. The supervisor will conduct an interview and site visit, if appropriate, with the interested applicant.
6. A determination will be made and the employee informed of the decision.
7. If the transfer request is approved, the current supervisor and new supervisor will determine, together, when the transfer will become effective.

To be completed by Interviewer:

DATE INTERVIEWED: ___/___/___	INTERVIEWED BY: _____
OUTCOME OF INTERVIEW:	POSITION OFFERED? YES___ NO___
COMMENTS: _____ _____ _____ _____	