

The Personnel Board of Jefferson County REQUEST FOR TRANSFER

Employee Name: _____ Employee Number: _____
(Or Last Four SSN)

Telephone Number: _____ Ext. ____ Department Address: _____

Email Address: _____ Effective (Beginning) Date of Transfer: ____/____/____

Section I

(To be completed by employee)

In accordance with Personnel Board Rule 11.08 (Intergovernmental Career Transfers) and Rule 11.10 (Transfers) and as an employee with permanent status in a full-time position within a recognized merit system, I request a transfer. I have read and understand the applicable rules stated above and agree with the provisions of this transfer.

From Jurisdiction	Current Classification	Grade	Step	\$ _____	Pay Rate
To Jurisdiction	New Classification	Grade	Step	\$ _____	Pay Rate
New Department Name					Department Number
Employee Signature					____/____/____ Date

Section II

(To be completed by current employer)

Sick Leave Hours Available for Transfer: ____

Vacation Hours Available for Transfer: ____

Overtime Hours should be paid by the current employer upon separation of the employee.

Department Head Signature	____/____/____ Date
Appointing Authority Signature	____/____/____ Date

Section III

(To be completed by New Jurisdiction)

Will Accept ____ Hours Sick Leave
Will Accept ____ Hours Vacation Leave

Department Head Signature	____/____/____ Date
Appointing Authority Signature	____/____/____ Date

Jefferson County Commission

Human Resources Department	____/____/____ Date
*Required only if transferring to Jefferson County	

Section IV

Personnel Board Use Only

____ Approved ____ Declined

Personnel Director	____/____/____ Date
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