

The Personnel Board of Jefferson County REQUEST FOR TRANSFER

Employee Name: _____ Employee Number: _____

Work Address: _____ Telephone Number: _____ Ext. _____

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

Employee Signature _____/_____/_____
Date

Section I

(To be completed by employee)

In accordance with Personnel Board Rule 11.09 (Intergovernmental Career Transfers) and Rule 11.11 (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	\$ _____ Base Pay Rate	\$ _____ Premium
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To Jurisdiction	New Classification	Grade	Step	\$ _____ Base Pay Rate	\$ _____ Premium
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New Department Name	Department Number
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Section II

(To be completed by current employer)

Sick Leave Hours Available for Transfer: _____

Vacation Hours Available for Transfer: _____

Overtime Hours Available for Transfer: _____

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.

Will Accept ____ Hours Overtime.

Department Head Signature _____/_____/_____
Date

Appointing Authority Signature _____/_____/_____
Date

Section IV

Personnel Board Use Only

____ Approved ____ Declined

Personnel Director _____/_____/_____
Date