

TG MISSOURI

Transfer Request Form

(PLEASE PRINT)

An attached resume is required for all positions when requested. Please attach or you will not be considered.

Full Name: _____
 Current Department: _____
 Current Job Title: _____
 Current Supervisor: _____

Current Shift: _____
 Hire Date: _____
 Employee Number: _____
 Current Phone number: _____

yes	I am a displaced employee due to reduction in my department
no	Date Reduced: _____ Dept. reduced from: _____

TRANSFER REQUEST:

Name of Job Posted (job title & dept): _____ | Shift of Job Posted: _____

Supervisor/Manager of Job Posted: _____ | Building of Job Posted: _____

Please list your qualifications based on the posted job requirements (please be specific):

ELIGIBILITY REQUIREMENTS:

- I have been employed for at least 12 months
- I have not accepted a job transfer within the last 12 months
- I do not have corrective action at 1st Written Level or above within the last 12 months
- I have not turned down 2 transfer offers within the last year
- I am returning this completed form to HR during the job posting period (3 days)
- Currently active employee (not on a medical or personal leave of absence)
- The transfer I am requesting is on a different shift or in a different job classification than I currently work.
- I do not have any medical restrictions that would keep me from doing this job, if so, please list restrictions _____

*All considerations and decisions will comply with the Transfer Policy. Please see specific information in the Transfer Policy.

I certify that I understand and meet all the transfer eligibility requirements listed above.

If I falsify this information, I understand this eliminates me from consideration and I may receive corrective action for doing so.

Mgr/Supr Name: _____ Signature: _____ Date: _____
Manager/Supervisor Signature Indicating Employee has seen job and has received explanation of job duties

Employee Signature _____
Social Security Number _____
Date