Request For Transfer Or Promotion

Fill Out Both Sides Of This Request

Requests must include a job history and listing of applicable skills and experience. Requests submitted without this information will not be considered.

Today's Date: _____ *Phone Number:* _____

Employee: Name: _____ *Hire Date:* _____

Present Position: _____ *Manager:* _____

Position That You Are Applying For: _____

Reason for Request: *Check Those That Apply*

☐ *Different Type of Work* ☐ *Different Hours* ☐ *Different Department* ☐ *Dissatisfied with present job*

☐ *Other – Explain* _____

Have you been in your current position at least (6) months? ☐ *Yes* ☐ *No*

Do you have any current Performance Improvement notifications or conflict resolutions? ☐ *Yes* ☐ *No*

Have you been excessively absent or late during the past 12 months? ☐ *Yes* ☐ *No*

Did you receive a rating of "unsatisfactory" or "approaching standards" on any of the evaluation criteria on your last evaluation? ☐ *Yes* ☐ *No*

****Managers have discussed and agreed upon terms for transfer and transition****

Employees Signature: _____ *Date* _____

Managers Signature: _____ *Date* _____

Receiving Managers Signature _____ *Date* _____

☐ *Accepted* *Date* _____ ☐ *Denied* *Date* _____

Positions held at Summit Healthcare:

DEPARTMENT	MANAGER	POSITION	START DATE	END DATE

Employment History:

EMPLOYER	POSITION	YEARS/MONTHS
Job Responsibilities and Duties:		

EMPLOYER	POSITION	YEARS/MONTHS
Job Responsibilities and Duties:		

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Job Responsibilities and Duties:		

SKILLS	CERTIFICATIONS