

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
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Job Responsibilities and Duties:		

SKILLS	CERTIFICATIONS