



# Transfer Request Form

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## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Current Department: \_\_\_\_\_ Current Position: \_\_\_\_\_

Length of time in current position: \_\_\_\_\_ Desired Position: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

What qualifications do you have for the position you are requesting? (Aattach a copy of your resume or the Employment History Page from the VHS Application Form) \_\_\_\_\_

## MANAGEMENT INPUT

Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Manager/Department Head (Sending Department) Comments: \_\_\_\_\_

Manager/Department Head (Receiving Department) Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

*To be eligible for a transfer you must be with the Company and in your present position for a minimum of 6 months, have received a satisfactory review and have no disciplinary actions in your file for the past 6 months.*