

DATE: [REDACTED]

TO: Darwyn B. Anderson
danderson@rtaforward.org
Chief Human Resources Officer

FROM: [REDACTED]

SUBJECT: TRANSFER REQUEST (**RESUME MUST BE ATTACHED**)

I would like to be considered for a transfer. **I have attached a current resume to this request. I understand the request is valid for eighteen months from the date it is approved by the Talent Acquisition Department or until a transfer is completed.** I understand that I:

- May only be considered for a classification at or below my current salary grade
- Must meet the minimum qualifications of the classification to which I request to transfer
- Pass any applicable exams, if transferring to a different job classification
- Have received an "Effective" rating or better on the most recent Individual Performance Plan (IPP)
- Understand when a vacancy occurs in the interested classification, those candidates who most closely match the Ideal Candidate Profile for the vacancy being filled will be certified to the hiring department for consideration
- Must notify the Talent Acquisition, if I would like any changes to be made, or if I no longer desire to be considered for a transfer.

NAME	[REDACTED]	BADGE#	[REDACTED]
CURRENT DEPARTMENT	[REDACTED]	EXTENSION	[REDACTED]
CURRENT JOB CLASSIFICATION	[REDACTED]		

- ☐ I am interested in being considered for any **vacancies within my classification and in any department.**
- ☐ I am interested in being considered for any **vacancies within my classification for the following departments only:**

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

I am interested in being considered for any **vacancies within the following classifications:**

<u>Classification</u>	<u>Official Use</u>
[REDACTED]	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
[REDACTED]	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
[REDACTED]	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
[REDACTED]	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>

Official Use Only

Date Approved: _____ Request Expires: _____ Date Logged: _____

Approved By (Print Name): _____ Signature: _____

Notes:

