

CITY OF LUMBERTON
EMPLOYEE TRANSFER REQUEST

NAME: _____

PRESENT DEPARTMENT: _____

PRESENT POSITION: _____

SUPERVISOR: _____

REQUEST TRANSFER TO:

DEPARTMENT: _____

POSITION: _____

REASON FOR REQUEST: _____

RELATED EXPERIENCE: _____

OTHER QUALIFICATIONS (Degrees, licenses, etc.): _____

The section below to be completed by Human Resources

EVALUATION IN PRESENT POSITION: _____

SUPERVISOR'S COMMENTS: _____

ACTION TAKEN: _____

Date Received

Date Interviewed

Time Interviewed

Date Employee Notified

Interviewer

Date

Note: A COMPLETED APPLICATION MUST SIGN ACCOMPANY THIS FORM IF THE POSITION FOR WHICH YOU ARE APPLYING IS NOT IN THE DERPARTMENT TO WHICH YOU ARE CURRENTLY ASSIGNED.

SIGNATURE

DATE