

REQUEST FOR TRANSFER

UNITED HOSPITAL CENTER

CURRENT JOB INFORMATION:

NAME:		SS#:	DATE:
CURRENT JOB TITLE:		CURRENT DEPARTMENT:	
CURRENT SHIFT:	GRADE:	LENGTH OF TIME IN CURRENT POSITION:	
HOME PHONE:		DEPARTMENT PHONE:	

JOB TRANSFER INFORMATION:

UHC HIRE DATE:	CURRENT STATUS: <input type="checkbox"/> FT <input type="checkbox"/> P4 <input type="checkbox"/> P3 <input type="checkbox"/> P2 <input type="checkbox"/> P1 <input type="checkbox"/> OPT
TRANSFER JOB TITLE:	TRANSFER JOB STATUS: <input type="checkbox"/> FT <input type="checkbox"/> P4 <input type="checkbox"/> P3 <input type="checkbox"/> P2 <input type="checkbox"/> P1 <input type="checkbox"/> OPT
SHIFT OF POSITION APPLYING FOR:	GRADE OF POSITION APPLYING FOR:
DEPARTMENT OF POSITION APPLYING FOR:	IF YOU ARE CURRENTLY PART-TIME, ARE YOU WANTING TO KEEP BOTH POSITIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE LIST YOUR EDUCATION, EXPERIENCE, AND OTHER QUALIFICATIONS THAT MEET OR EXCEEDS THE MINIMUM POSTED REQUIREMENTS FOR THIS POSITION. ALSO LIST ANY RELEVANT PRIOR EMPLOYMENT WITH COMPANY NAME AND POSITION TITLE (S). IF THIS SECTION IS NOT COMPLETE, THE TRANSFER REQUEST WILL BE RETURNED TO YOU AND MAY RESULT IN YOUR DISQUALIFICATION FOR THIS POSITION.

PLEASE ATTACH RESUME IF ONE IS AVAILABLE
RESUME ATTACHED: YES NO

I UNDERSTAND THAT MY SUPERVISOR WILL BE NOTIFIED OF THIS TRANSFER REQUEST. THIS IS MY AUTHORIZATION FOR THE SUPERVISOR FILLING THIS VACANCY TO CHECK MY REFERENCES WITH MY PRESENT SUPERVISOR AND/OR REVIEW MY PERSONNEL FILE. I UNDERSTAND THAT I MAY NOT BE CONSIDERED IF I DO NOT MEET THE MINIMUM REQUIREMENTS FOR THE OPEN POSITION.

SIGNATURE: _____

PLEASE RETURN THIS COMPLETED FORM TO HUMAN RESOURCES

INTERVIEWER'S COMMENTS
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POSITION DISPOSITION

<input type="checkbox"/> POSITION OFFERED AND ACCEPTED <input type="checkbox"/> POSITION OFFERED AND DECLINED <input type="checkbox"/> NOT INTERVIEWED FOR POSITION <input type="checkbox"/> CANDIDATE WITH MOST SENIORITY SELECTED <input type="checkbox"/> CANDIDATE WITH MOST RELATED QUALIFICATIONS AND EXPERIENCE SELECTED	OTHER: _____ <hr/> <hr/> <hr/>
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