

TRANSFER REQUEST

Complete the highlighted fields and return this form to Sheriff@ontariocountyny.gov.

SECTION 1	TO BE COMPLETED BY DEPARTMENT ACQUIRING EMPLOYEE	FULL NAME OF EMPLOYEE:	
		TRANSFER REQUESTED TO:	
		NAME OF COUNTY, CITY, TOWN, VILLAGE, SCHOOL DISTRICT OR OTHER:	
		NAME OF DEPARTMENT:	
		POSITION REQUESTING TO FILL:	
		APPROVAL OF DEPARTMENT HEAD:	DATE:
		PRINTED NAME OF DEPARTMENT HEAD:	TITLE:

SECTION 2	TO BE COMPLETED BY EMPLOYEE REQUESTING TRANSFER	TRANSFER REQUESTED FROM:	
		CIVIL SERVICE AGENCY:	
		CURRENT EMPLOYER (COUNTY, CITY, TOWN, VILLAGE, SCHOOL DISTRICT OR OTHER)	
		CURRENT JOB TITLE:	
		I GIVE MY CONSENT FOR ONTARIO COUNTY DEPARTMENT OF HUMAN RESOURCES TO ACQUIRE MY CIVIL SERVICE EMPLOYMENT RECORDS.	
		SIGNATURE: _____	DATE: _____
PRINTED NAME: _____			

(SPACE BELOW FOR USE BY ONTARIO COUNTY DIRECTOR OF HUMAN RESOURCES)

SECTION 3	ONTARIO COUNTY DIRECTOR OF HUMAN RESOURCES ACTION:		
	<input type="checkbox"/> APPROVED		
<input type="checkbox"/> DISAPPROVED			
BY:	TITLE:	DATE:	