

## TRANSFER REQUEST

Download this form to your desktop to activate the electronic signature functionality.  
Complete the highlighted fields and return this form to Sheriff@co.ontario.ny.us.

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

<b>SECTION 2</b>	<b>TO BE COMPLETED BY EMPLOYEE REQUESTING TRANSFER</b>	<b>TRANSFER REQUESTED FROM:</b>	
		<b>CIVIL SERVICE AGENCY:</b>	
		<b>CURRENT EMPLOYER (COUNTY, CITY, TOWN, VILLAGE, SCHOOL DISTRICT OR OTHER)</b>	
		<b>CURRENT JOB TITLE:</b>	
		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)

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