

TRANSFER REQUEST

Candidate Instructions: Complete Section 1 and email to Michael.Rago@ontariocountyny.gov with a current resume.

SECTION 1	TO BE COMPLETED BY EMPLOYEE REQUESTING TRANSFER	FULL NAME OF EMPLOYEE:	
		EMAIL ADDRESS:	PHONE NUMBER:
		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:	
		SECTION 2	TO BE COMPLETED BY DEPARTMENT
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:		
(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: