TRANSFER REQUEST

Candidate Instructions: Complete Section 1 and send to the Appointing Authority with a current resume.

SECTION 1	TO BE COMPLETED BY EMPLOYEE REQUESTING TRANSFER	FULL NAME OF EMPLOYEE:				
		EMAIL ADDRESS:	PHON	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	TRANSFER REQUESTED TO:				
		NAME OF COUNTY, CITY, TOWN, VILLAGE, SCHOOL DISTRICT OR OTHER:				
		NAME OF DEPARTMENT:				
		POSITION REQUESTING TO FILL:				
		APPROVAL OF DEPARTM	ENT HEAD:	DATE:		
		PRINTED NAME OF DEPARTMENT HEAD:		TITLE:	TITLE:	
	(SPACE BELOW FOR USE BY ONTARIO COUNTY DIRECTOR OF HUMAN RESOURCES)					
	ONTARIO COUNTY DIRECTOR OF HUMAN RESOURCES ACTION:					
SECTION 3		ONTAINO COUNTE DINECTON OF HUMAN RESOURCES ACTION.				
		□ APPROVED				
		□ DISAPPROVED				
	BY:		TITLE:		DATE:	