E-2h(3) FORM Request for Transfer, P-11

**SAMPLE**

**P-11 FORM**

**Request for Transfer**

**Note to Employee:**
1. Please refer to the Personnel section of the current College Handbook [E-2h(3)] for details on requesting a transfer.
2. Please complete and sign this form.
3. Submit this form along with application materials by the posted deadline to the President’s Office for review/consideration.
   (Please attach an updated SCC “Application for Employment,” Form P-2 and five [5] signed “Inquiry Regarding Applicant for Position,” Forms P-7.)
4. You will be notified of the determination regarding your request.

**Background Information:**
- Employee Name: ____________________________ CMDS ID #: ____________________________
- Location: ☐ Beatrice ☐ Lincoln ☐ Milford ☐ Area Office
- Current Position: ____________________________ Title: ____________________________ Current Salary/Wage: $ ________
- Classification (check one): ☐ Administration ☐ Faculty ☐ Professional ☐ Support Staff
- Person Initiating Request (check one): ☐ Employee ☐ Immediate Supervisor ☐ College Administrator
- Name of Immediate Supervisor: ____________________________
- Signature: ____________________________ Person Initiating: ____________________________ Date: ____________________________

**Please Answer the Following:**
1. Have you (has employee) been a regular employee of the College for at least 2 consecutive years at a minimum 75 FTE status?
   - Yes ☐ No ☐
2. Have you (has employee) completed the initial probationary period?
   - Yes ☐ No ☐
3. Are you (is employee) currently on intensive assistance?
   - Yes ☐ No ☐
4. Do you (Does employee) meet the minimum qualifications of the vacant position?
   - Yes ☐ No ☐

**Information on Vacant Position:**
- Position Title: ____________________________
- Classification (check one): ☐ Administration ☐ Faculty ☐ Professional ☐ Support Staff

**FOR OFFICE USE ONLY**
- This request for a transfer is: ☐ Approved ☐ Not Approved
- If approved: Effective date of transfer: ____________________________ Recommended salary/wage: $ ________
- Date: ____________________________ President or Designee: ____________________________

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Sample form above, click link to go to usable form ... [PERSONNEL FORM](#)

Adopted Date: 06/01/2001