

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

**Southeast community college**      SAMPLE      **P-11 FORM**

**Request for Transfer**

**Note to Employee:**

1. Please refer to the Personnel section of the current College Handbook [E-2h(1-3)] 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 # \_\_\_\_\_  
Last      First      MI

Location:     Beatrice     Lincoln     Milford     Area Office

Current Position: \_\_\_\_\_ Current Salary/Wage: \$ \_\_\_\_\_  
Title

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:**

	Yes	No
1. Have you (Has employee) been a regular employee of the College for at least 2 consecutive years at a minimum .75 FTE status?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you (Has employee) completed the initial probationary period?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you (Is employee) currently on intensive assistance?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you (Does employee) meet the minimum qualifications of the vacant position?	<input type="checkbox"/>	<input type="checkbox"/>

**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

White — Employee Copy      Canary — Human Resources/Personnel File      Pink — President's Copy      A0548(8/01)

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

Adopted Date: 06/01/2001