

## **Transfer Form**

To be completed by Terming and Hiring Department Questions about this form? Please call 777-4988

## ALL FIELDS MUST BE COMPLETED

EFFECTIVE DATE		LAST NAME			FIRST NAME			MIDDLE INITIAL	EMPL ID#
From					To				
Choose One:	☐ Reg	☐ Temp		☐ Student	Choose One:	☐ Reg		☐ Temp	☐ Student
DEPT ID	□ Reg	DEPARTMENT N			DEPT ID			MENT NAME	Stadent
POSITION NUMBER	R	REC#	ЈОВ СО	DE	POSITION NUMBER			JOB CODE	
PAY RATE	☐ Annual	☐ Month ☐		STANDARD HOURS	PAY RATE	☐ Annua	I 🗆 N	1onth □ Hour	STANDARD HOURS
SUPERVISOR POS	S#	SUPERVISOR			SUPERVISOR POS #	#	SUPERV	ISOR	
FUNCTIONAL TITLE					FUNCTIONAL TITLE				
ADDITIONAL INFOI	RMATION				ADDITIONAL INFOR	MATION			
HUMAN RESOURCES OFFICE USE ONLY					CRIMINAL HISTORY PRECORDS CHECK Yes N/A Completed Date  NEW CAMPUS ADDRESS 1				
					ADDRESS 2				
					ADDRESS 3				
					CITY		STATE		ZIP
					NEW WORK PHONE	NUMBER			l
Dept Contact	Name	Phone			Dept Contact Name				Phone
From Departn	isor Date			To Departmo	ent Supe	Date			
Dean/Director	(if applical	ole)	Da	te	Student Fina	Student Finance			Date
					Provost (if a	pplicable	e)		Date