

CHANGE OF POSITION REQUEST FORM

This form should be completed by the department head who wishes to transfer an employee to a new position.

Employee's Name: _____

Current Position: _____ FT or PT _____

Requested Position: _____ FT or PT _____

If part time, expected number of hours employee will work per week:

Will the requested change result in the creation of a new position?

Yes _____ No _____

If no, which employee will be replaced? _____

NOTE: Approval of transfer is contingent upon the receipt of a separation notice for the employee to be replaced.

If yes, explain why the new position is needed. _____

Department Head

Approved, BOC

Date

Date

Transfer will be official on date approval is granted.