



SNOW MOUNTAIN RANCH

Interdepartmental Transfer Form

Employee Name: _____ Phone Number: _____

Current Department: _____ Current Position: _____

Department requesting to be transferred to: _____

Current Supervisor's Authorization to Transfer

Supervisor Name: _____ Title: _____

Employee's last day of work in current department: _____

By signing below, I acknowledge that _____'s last day of work in my department will be on the above date and I authorize the above employee to transfer out of my department.

Signature of Supervisor: _____ Date: _____

"Transferring To" Department Supervisor's Authorization to Transfer

Supervisor Name: _____ Title: _____

Employee's first day of work in new department: _____

Employee's new job title: _____

By signing below, I acknowledge that _____'s first day of work in my department will be on the above date and I authorize the above employee to transfer into my department.

Signature of Supervisor: _____ Date: _____

** Please remember to send the proper Payroll Change Notice paperwork to HR if necessary.

HR Office Administrator Signature: _____

Date: _____

HR Office Use Only	
Staffing Workbook	___
Employee Manager	___
Time Clock	___
Job Description	___
Pay change	___