



# JACKSON STATE UNIVERSITY

P. O. Box 17028

JACKSON, MISSISSIPPI 39217-0228

OFFICE OF  
HUMAN RESOURCES

(601) 979-2015  
FAX No. (601) 979-5856

## REQUEST FOR JOB TRANSFER

### EMPLOYEE

I have applied for the listed position and as an applicant have followed the requirements. I understand the completion of this form does not guarantee being hired.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, request a transfer to the position of  
Print Full Name

\_\_\_\_\_  
Title

in the office of \_\_\_\_\_

\_\_\_\_\_  
Department

### IMMEDIATE SUPERVISOR (TRANSFERRING DEPARTMENT)

I have been notified by the above named employee that he/she has applied for a position in the department listed above.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

### HUMAN RESOURCES

The above named employee ( ) has or ( ) has not completed his/her initial employment period. The Personnel records of said employee contains dates of employment, evaluation ratings, letters relating to job performance and are viewable upon request.

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

### HIRING DEPARTMENT

- ( ) The above named applicant does not meet job requirements
- ( ) The above named applicant meets all requirements and is recommended to fill vacant position.

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Supervisor Sector Head Approval

\_\_\_\_\_  
Date