



Transfer Request Process

To be eligible to transfer into a new position current employees must meet the following requirements:

1. Have been employed in their current position for at least (1) one year.
2. Are in good standing. Employees who are currently on or who have received a Performance Improvement Plan or Corrective Action within the past three months are not eligible.
3. This form is required when the employee is being considered for a new role.

Steps:

1. Employees who wish to transfer must complete the **Transfer Request Form**, obtain their direct supervisor's approval signature and attach a current resume.
2. Supervisor must then complete the **Supervisor Approval of Transfer Request Form**
*The supervisor is expected to review the request form with employee and have a conversation with employee if there are any reservations.
3. Supervisor will review transfer request form with **Site HR Business Partner** and then email the completed forms to the Recruitment Team in Human Resources, recruiting@hscfs.org.
4. Once received by Recruitment, the candidate's qualifications/most current evaluation will be reviewed. If the candidate meets the minimum qualifications for the position for which they are requesting to interview and are in good standing, then the hiring Director/Manager will be notified to schedule an interview.
5. The Hiring manager will complete a Candidate Assessment Form (CAF) and forward to Recruitment once the interview has been completed.
6. Recruitment will be in contact with the results from the interview. If the job is offered, such offer will be conditioned upon satisfactorily completing any required clearances and/or verifications. Recruitment will contact employee, hiring manager, and current manager to advise of the conditional offer. The transfer effective date to the new department must be when the employee is replaced or thirty days after employee satisfies the conditions of the offer, whichever comes first. Transfer effective date must coincide with the beginning of a pay period.

NOTE: Please direct any questions regarding Transfer Requests to the Recruiting email group.



EMPLOYEE TRANSFER REQUEST FORM

This form is to be completed by the employee requesting a transfer to another position within HSCFS.

Completed form requires immediate supervisor's approval signature.

Employee Name: _____ Hire Date: _____

Request Date: _____ Present Position: _____

Present Supervisor: _____ Present Dept. _____

Applying for Position: _____ REQ# _____

Bilingual in Spanish: Y__N__

Reason for Request:

I feel that I have the qualifications to apply for this position and hereby request approval of my direct supervisor which is required before I contact Human Resources to express my interest in this position.

I understand that all transfers are subject to the approval of my immediate supervisor and Human Resources. No transfer actions will take place until the interview process is complete. All transfers are based upon qualifications and current job performance. Employees on Performance Improvement Plan or Corrective Action within the past three months are not eligible for transfer. I also understand this transfer request is only valid for the applied position listed above.

Employee's Signature: _____



SUPERVISOR APPROVAL OF TRANSFER REQUEST

Supervisors must complete this form and attached current performance evaluation. Please **send it to the appropriate Director or Assistant Director for approval signature with a copy to the appropriate AVP.** After signatures are obtained this entire form should be emailed to the Recruitment Team in Human Resources.

Employee Name: _____

has expressed interest in applying for the following open position:

Open Position: _____

Requisition #: _____

Department: _____

Hiring Manager: _____

This employee has been employed in their current position for more than one year and based on their performance under my supervision; I make the following recommendation regarding this transfer request.

- Approve transfer request without reservation
- Approve transfer request with the following reservation(s):

- Transfer not approved for the following reason(s):

Supervisor's Name: _____

Director/AVP'S Name: _____

Supervisor's Signature: _____

Director/AVP'S Signature: _____

Date: _____

Date: _____

HRBP Initial's: _____

Date: _____