



TRANSFER REQUEST

RECRUITMENT SERVICES DATE STAMP

PLEASE PRINT OR TYPE (NOTE: FORM MUST BE COMPLETED IN ITS ENTIRETY.)

CHECK ONE:

- REQUEST FOR OPEN POSITION. POSTING NO. _____ THIS REQUEST IS VALID FOR THIS POSITION ONLY.
 REQUEST FOR FUTURE REPRESENTED OPENING PER BARGAINING UNIT LANGUAGE.

NAME		EMPLOYEE NO.		SOCIAL SECURITY NO.	
HOME ADDRESS					
WORK PHONE (TIE LINE/EXT.)		DAY TIME PHONE		HIRE DATE	
				START DATE IN PRESENT POSITION	
			CURRENT POSITION		REQUESTED POSITION
LOCATION					
DEPARTMENT / UNIT					
POSITION TITLE					
STATUS (Specify)		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> SH <input type="checkbox"/> ON-CALL <input type="checkbox"/> PER DIEM		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> SH <input type="checkbox"/> ON-CALL <input type="checkbox"/> PER DIEM	
SHIFT (Specify)		<input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT <input type="checkbox"/> VARIABLE		<input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT <input type="checkbox"/> VARIABLE	
SUPERVISOR / TIE LINE & EXT.					
TYPING SPEED	W.P.M.	10 KEY/CALCULATOR	<input type="checkbox"/> SIGHT <input type="checkbox"/> TOUCH	MEDICAL TERMINOLOGY	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMPUTER SKILLS		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE LANGUAGE:		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE LANGUAGE:	
PROFESSIONAL LICENSE/CERTIFICATION				DATE OF EXPIRATION	
DO YOU HAVE A RELATIVE WORKING FOR THE KAISER PERMANENTE MEDICAL CARE PROGRAM?					
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST WHO AND WHERE					
LIST EDUCATIONAL DEGREES, COURSES COMPLETED OR SPECIAL SKILLS THAT WOULD BE APPLICABLE TO THE POSITION YOU ARE REQUESTING:					
OTHER INFORMATION/EXPERIENCE CONCERNING YOUR QUALIFICATIONS FOR THIS POSITION:					
IF YOU WOULD LIKE TO SUBMIT ADDITIONAL INFORMATION, PLEASE ATTACH A RESUME.					
EMPLOYEE SIGNATURE				DATE	

FOR RECRUITMENT SERVICES USE ONLY	
Employee's Seniority Date/Hours _____	<input type="checkbox"/> Position open.
<input type="checkbox"/> Request received within posting period.	<input type="checkbox"/> Position closed.
<input type="checkbox"/> Request not received within posting period.	<input type="checkbox"/> Request will be maintained per bargaining unit language.

DISPOSITION (TO BE COMPLETED BY RECRUITMENT SERVICES/HIRING MANAGER)	
<input type="checkbox"/> Hired.	<input type="checkbox"/> Interviewed. Not Hired.
<input type="checkbox"/> Not Interviewed. Not Hired.	
REASON NOT HIRED (Check one)	
<input type="checkbox"/> Candidate Refused Offer	<input type="checkbox"/> No Call/No Show for Interview
<input type="checkbox"/> Candidate Withdrew	<input type="checkbox"/> Position Cancelled
<input type="checkbox"/> Did Not Meet Minimum Requirements _____	<input type="checkbox"/> Unable to Contact
<input type="checkbox"/> More Senior Candidate Selected	<input type="checkbox"/> Unable to Work Required Days/Shift
<input type="checkbox"/> More Suitable Candidate Selected	<input type="checkbox"/> Other: _____
RECRUITMENT SERVICES/HIRING MANAGER SIGNATURE	DATE



TO: Employees

SUBJECT: Transfer Application Process & Instructions

DO NOT SEND THE COMPLETED TRANSFER APPLICATION TO PEOPLE SOLUTIONS.

THIS TRANSFER APPLICATION MUST BE PROCESSED THROUGH RECRUITMENT/
STAFFING SERVICES.

Please thoroughly complete the Transfer Application form; type or print clearly in ink.

You will be contacted, if qualified, regarding the position applied for if there is a vacancy and your transfer application is current. Your transfer application remains active for 90 days unless otherwise specified in your labor agreement. In order to be considered for vacancies beyond this active status period, you must submit a new transfer application. It is your responsibility to maintain an active transfer application.

The following is a brief outline you should follow in order to initiate your transfer application:*

1. Complete the Transfer Application form and attach a copy of your most recent performance evaluation. (If you have not had a performance evaluation within the last year, request a current evaluation from your supervisor).
2. Give your supervisor a copy of the Transfer Application form.
3. Retain a copy of the Transfer Application form and these instructions for your records.
4. Complete a separate Transfer Application form for each position your are applying for.
5. Mail or fax your completed Transfer Application form and performance evaluation to the stated address or fax number located on the job posting. Please consider faxing the information in order to meet the posting deadline.

Recruitment / Staffing Services is not responsible for Transfer Applications that are delayed or lost in transit. Transfer Applications received after the closing date may be ineligible for consideration.

*For further assistance or information, please contact People Solutions at 1-888-499-1500 and ask to speak with a representative regarding transfers.