



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

## TRANSFER REQUEST

### Special Transfer Request Between Two Companies

Must print in Black or Blue ink ONLY

<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>							
<b>Company</b>		<b>Phone Number</b>				<b>Email Address</b>			

### TRANSFER AUTHORIZATION

CURRENT COMPANY INFORMATION									
Company			Job Code Title				Position No.		
<b>Vacation Leave</b>	<b>Holiday Leave</b>	<b>Administrative Leave</b>	<b>Sick Leave</b>	<b>Annual Leave</b>	<b>PTO Leave</b>	<b>Service Hours</b>	<b>Range</b>	<b>Step</b>	<b>Hourly Rate</b>
<b>Payroll Specialist (Print &amp; Sign)</b>						<b>Phone Number</b>	<b>Date</b>		
Comments:									

REQUESTING COMPANY INFORMATION									
Company		Job Code Title				Position No.		Effective Date	
<b>Vacation Leave</b>	<b>Holiday Leave</b>	<b>Administrative Leave</b>	<b>Sick Leave</b>	<b>Annual Leave</b>	<b>PTO Leave</b>	<b>Service Hours</b>	<b>Range</b>	<b>Step</b>	<b>Hourly Rate</b>
<b>Payroll Specialist (Print &amp; Sign)</b>						<b>Phone Number</b>	<b>Date</b>		
<b>Actual Hours to Transfer and Salary Request</b>									
<b>Human Resources Business Partner Signature (Print &amp; Sign)</b>		<b>Date</b>							
<b>Appointing Authority or Designee Signature (Print &amp; Sign)</b>								<b>Date</b>	
<b>Employee Relations Division Chief Signature (Print &amp; Sign)</b>								<b>Date</b>	
<b>Director of Human Resources Signature (Print &amp; Sign)</b>								<b>Date</b>	
<b>Chief Executive Officer Signature* (Print &amp; Sign)</b>								<b>Date</b>	

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

\* CEO Signature is required if the Requesting Company is the Human Resources Department.

(Transfer Request-Special Request Between Two Companies)