



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

TRANSFER REQUEST

Special Transfer Request Between Two Departments

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name	
Company	Telephone		Alternate Telephone

Employee Signature	Date
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TRANSFER AUTHORIZATION

CURRENT DEPARTMENT INFORMATION

Department	Job Code Title	Position Number
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Appointing Authority or Designee Signature	Date
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REQUESTING DEPARTMENT INFORMATION

Department	Job Code Title	Position Number	Effective Date
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Appointing Authority or Designee Signature	Date
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This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

DISTRIBUTION: Original – EMACS-HR (0030)

Rev. 11/2023

(Transfer Request-Special Request Between Two Departments)