



SOUTHERN OREGON CHILD AND FAMILY COUNCIL, INC.

1001 Beall Lane-P.O. Box 3697-Central Point, OR 97502-(541) 734-5150 or (800) 866-9674-Human Resources Fax (541) 245-9188

Josephine County Office: 223 SE M Street. Grants Pass, OR 97526 (541) 472-4851 www.socfc.org

Employee Transfer Request Form

Employee Name: _____

Current Job Title: _____

Current Location: _____

County requested: ☐ Jackson ☐ Josephine ☐ Specific Location: _____

Schedule preference: ☐ Part-time ☐ Full-time ☐ Specific Hours: _____

Reason for request:

Employees who desire a transfer to a position within the same job classification must meet the minimum job qualifications as defined by the job description, and shall submit a written request to Human Resources. Transfers will only occur when there is a vacant position, see the Collective Bargaining Agreement, Article 12 – Transfers. By signing below I am submitting written request for the above transfer when and if a vacancy exists.

Employee Signature

Date

Human Resources Use Only:

Transfer Request Approved

Location Assigned: _____

Pay Rate: _____

Start Date: _____

Date: _____

Director Approval: _____

Transfer Request Denied

Reason: _____