



Internal Transfer Request (ITR)

Employees interested in seeking career opportunities at another work location or department must complete the information below and secure the required information from the existing leader, existing HR Professional and CES (if applicable) before submission for the respective career opening.

EMPLOYEE COMPLETES

GENERAL INFORMATION

Full Name: _____ Date: _____

Home Address: _____

Contact Number: _____ E-mail: _____

CURRENT EMPLOYMENT INFORMATION

Job Title: _____ Supervisor: _____

Work Location: _____ Department: _____

(circle one) Full-Time Part-Time Approximate Time in Position: _____

Original Hire Date: _____

TRANSFER REQUEST INFORMATION

Open Position Job Title/Job ID #: _____

Department: _____ Location: _____

Date Available: _____ Resume & current certifications attached

I understand that I must meet and maintain compliance with the eligibility standards as outlined in applicable Company (Emergency Medical Services Corporation (EMSC), American Medical Response, EmCare of any other EMSC operating entity (hereinafter, the 'Company') policies in order to eligible for a transfer. I also understand that this Internal Transfer Request is subject to approval by the Company and that I am not guaranteed a transfer by submission of this request. If applicable, I agree that by accepting a transfer to another department/location, I also accept the wages and benefits applicable to the Company department/location for which I may transfer to. Current resume and this transfer application with copies (front and backside) of all current certifications required for the position must be attached to this form. I also understand that the information being provided is accurate and that failure to provide accurate information may result in corrective action.

Employee Signature

Date

COMPLETED BY CURRENT DIRECT LEADER AND CURRENT HR PROFESSIONAL

Is all the information listed on Page 1 correct? If not, explain. _____

Has the employee received any correction action in the last twelve (12) months? If so, describe misconduct and level of corrective action: _____

(circle one) Request: Approved Denied

If Denied, why: _____

Last Performance Review Rating: _____ attach copy (if applicable)

Comments (provide those that relate to the current roles, responsibilities and/or elements captured in the last performance review as well as any other information (except information protected by state and/or federal law), provided that employee has heard this information before completing this form.):

Direct Leader Signature: _____ Date: _____

HR Professional Signature: _____ Date: _____

CES Signature: _____ Date: _____
(if Field Employee)

COMPLETED BY HIRING LEADER AND HR PROFESSIONAL/RECRUITER

Does candidate meet the minimum qualifications for the position? (circle one) Yes No

If NO, why not? Do not consider further: _____

If YES, schedule interview. Date(s): _____

If interviewed, what is the disposition (e.g. offered job & accepted, etc.): _____

Release date (if applicable): _____

Effective transfer/start date (approved by existing direct leader and HR): _____

Transferred in Oracle Files (personnel, I-9, medical, etc.) received

Any PTO over 80 hours cashed out from existing location: _____

Hiring Leader Signature: _____ Date: _____

Hiring HR Professional Signature: _____ Date: _____

Place in employee's personnel file upon completion