

## City of Gulfport Request for Transfer/Promotion

**INSTRUCTIONS:**

Type or print clearly in blue or black ink.

Each section must be answered completely. **Incomplete forms will not be considered.**

Current resumes may accompany this form and are **STRONGLY RECOMMENDED.**

All forms must be signed by your current supervisor & director and returned to Human Resources.

**Official Use Only**

Date Submitted to HR:

Received by:

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
Home Phone	Work Phone	Employee Number
Current Department	Current Position	Current Shift
Describe the major duties of your job (resume may be attached to supplement this section & is <b>STRONGLY RECOMMENDED</b> ):		
Current Supervisor's Name	Current Supervisor's Phone	

**Indicate if you have the following skills:**

Typing (WPM speed):	Software:
	<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Power Point <input type="checkbox"/> Access <input type="checkbox"/> Other (list):

**Professional Licensure**— list any current professional licensures/certifications you have relevant to the position applied for.


**Position Requesting Transfer To:**

Job Title:	Department:
Indicate which days you are available to work:	Indicate which shifts you are available to work:
<input type="checkbox"/> Any <input type="checkbox"/> M-F Only <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays	<input type="checkbox"/> Any <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Call

**Employee's Statement: Read carefully.**

I understand this request will become expired 90 days after submission, or when the position(s) for which I apply is/are filled, whichever comes first.

I certify all answers and information given within this application are true and complete to the best of my knowledge. I authorize investigation of any and all information given as deemed necessary by the City of Gulfport in arriving at an employment decision.

I understand that having received counseling notice(s) within six (6) months prior to submission of this form will render the request void.

I understand that I may be required to submit to a medical examination, at City expense, to determine my ability to perform all essential job duties of the new position with or without reasonable accommodation. I further understand that transfer may be contingent upon the successful completion of this physical.

I acknowledge that I have read and understand the form instructions and the statement listed above.

Signature of Employee	Printed Name of Employee	Date
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**APPROVALS**

Supervisor's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

If denied, indicate reason: \_\_\_\_\_  
(Attach addendum if necessary)

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