

Blackfeet Tribe Employee Transfer Request

Employee Name: _____ Employee ID #: _____

Position Title: _____ Hire Date: _____

Current wage scale: Grade _____ Step _____

The following reassignment/transfer is requested:

	FROM	TO
POSITION		
LOCATION		
DEPARTMENT		
HOURLY STATUS	<input type="checkbox"/> FULL- TIME <input type="checkbox"/> PART- TIME <input type="checkbox"/> SEASONAL	<input type="checkbox"/> FULL- TIME <input type="checkbox"/> PART- TIME <input type="checkbox"/> SEASONAL

Attach a position description for the position you are requesting to transfer into and documentation of your qualifications for the position.

Employee Qualifications:

Reasons for request:

Employee Signature: _____ Date: _____

Current Director Signature: _____ Date: _____

Prospective Director Signature: _____ Date: _____

Approved: <input type="checkbox"/>	Not approved: <input type="checkbox"/>	Reason not approved:
Personnel Director: _____ Date: _____		