

CITY OF DETROIT HUMAN RESOURCES DEPARTMENT
333 COLEMAN A. YOUNG MUNICIPAL CENTER
DETROIT, MI 48226
PHONE: (313) 224-3736
Fax: (313) 224-1692

APPLICATION FOR PERMANENT INTER-DEPARTMENTAL TRANSFER

Section 1

Requested Title: _____

NAME: _____ SSN: _____

Work Phone: _____ Work Fax: _____ Department: _____

Current Title: _____ Division: _____

HAVE YOU EVER HELD THE REQUESTED TITLE YES NO. If YES, what department? _____ Dates (from): _____ (to): _____

HAVE YOU EVER BEEN DETERMINED QUALIFIED FOR THIS TITLE BY THE HUMAN RESOURCES DEPARTMENT? TITLE YES NO. If YES, when? (Date): _____

Are you a member of AFSCME? Yes No

Are you a member of Teamsters? Yes No

Are you a member of Operating Engineers? Yes No

I will consider transfer to any department.

I will consider transfer to any department EXCEPT: _____

I will ONLY consider transfer to: _____

Signature: _____ Date: _____

An approved request will be effective 30 calendar days from the date it is received by the Human Resources Department and will expire on June 30 of the current fiscal year, unless otherwise specified by your union contract.

Section 2 HRD OFFICE USE ONLY

Received By: _____ Date: _____

Is Employee Eligible? Yes No Seniority Date: _____

Section 3 HRD OFFICE USE ONLY

Is Employee Qualified? Yes No. Request is Approved Denied

Effective Date: _____ Expiration Date: _____ Approval Date: _____

Approver's Signature: _____

Comments: _____