



INTERNAL TRANSFER FORM

SECTION A: TO BE SIGNED BY EMPLOYEE/SUPERVISOR

Current Department	Current Position	Current Grade	Date of Application							
			d	d	m	m	y	y	y	y
Employee's Name			Employee No.:							
New Department	New Position	New Grade	Date of Transfer							
			d	d	m	m	y	y	y	y
Employee's Motivation		Supervisor's Motivation								
Employee's Signature	Agreement									
	Acknowledgement		Supervisor's Signature:							
Date:	d	d	m	m	y	y	y	y		
	Date		d	d	m	m	y	y	y	d

SECTION B: TO BE SIGNED BY THE HOD OF THE CURRENT DEPARTMENT

Name of the HOD		Transfer Endorsed	Yes	No						
Comments										
HOD's Signature		Date	D	d	m	m	y	y	y	y

SECTION C: TO BE COMPLETED BY THE HOD OF THE INTENDED RECIPIENT DEPARTMENT

Name of the HOD		Transfer Endorsed	Yes	No						
Comments										
HOD's Signature		Date	D	d	m	m	y	y	y	y

SECTION D: TO BE COMPLETED BY THE MUNICIPAL MANAGER

Name of the MM		Transfer Approved	Yes	No						
Comments										
MM's Signature		Date	D	d	m	m	y	y	y	y

SECTION E: (FOR OFFICE USE) TO BE COMPLETED BY HR

HR Practitioner's Name		Letter of transfer/regret generated	Yes	No						
Transfer effective date		Employee advised	Yes	No						
Comments:		HR System update (doc filed)	Yes	No						
Practitioner's Signature		Date	d	d	m	m	y	y	y	y