

# SEVIER COUNTY GOVERNMENT

## EMPLOYEE REQUEST FOR TRANSFER

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENT DEPARTMENT: \_\_\_\_\_

CURRENT JOB CLASSIFICATION: \_\_\_\_\_  
Class Code

I am hereby requesting to transfer to the \_\_\_\_\_ Department  
effective \_\_\_\_\_ as a \_\_\_\_\_  
Classification Class Code

Submitted by: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee Signature Date

### APPROVED BY

Current Department Head/Elected Official: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature Date

New Department Head/Elected Official: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Human Resources Signature Date

\_\_\_\_\_  
County Mayor's Signature Date