



**Transfer Job Requisition Form**

*This form will be used for transfers of existing filled positions from one division/department to another. This is not a request for reclassification.*

Date \_\_\_\_\_

Title of position transferring \_\_\_\_\_

Employee name \_\_\_\_\_

Current department \_\_\_\_\_ Org (6-digit) code \_\_\_\_\_

New department \_\_\_\_\_ Org (6-digit) code \_\_\_\_\_

New supervisor \_\_\_\_\_

New time/leave approver \_\_\_\_\_

Please detail the reporting structure for this position. To which position will this position report and which position(s) will report to them? Are you expecting to restructure with this new position? You are welcome to explain below and/or attach an organizational chart.

Transfer effective date \_\_\_\_\_

Contact Jessica Welch at [jewelch@sewanee.edu](mailto:jewelch@sewanee.edu) or ext: 3505 if there will be any changes needed for the classification description. Please know that this is not a request for a reclassification and only minor changes will be accepted. To proceed with a reclassification, follow the guidelines and procedures posted on the Human Resources webpage.

Current Department Head \_\_\_\_\_ Date \_\_\_\_\_

New Department Head \_\_\_\_\_ Date \_\_\_\_\_

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