

Request for Exception to Transfer

Employee Name: _____
Job Title: _____
Department: _____
Supervisor's Name: _____
Email: _____

Empl. ID.: _____
Hire Date: _____
Date in Position: _____
Phone: _____

Reason Exception to Transfer Sought:

- Have not been in current position 12 months (or 6 months within department)
- Below average/poor review
Date: _____
- Received Positive Corrective Action within the last year
Date: _____

Justification for Exception to Transfer:
Type/write details here:

Have you previously requested an exception to transfer? _____
If yes, approximate date: _____
Is your current position being eliminated in a reorganization? _____
Are you seeking to move from a full-time to a part-time position? _____
Is your supervisor aware of your request for an exception to transfer? _____

Sign: _____ Date: _____

*Please email completed form to AskHR@case.edu
or drop off completed form to Crawford Hall, Room 320*

For Office Use Only

- Approved
- Denied

ER Rep: _____ Date: _____