

**ST. LEONARD'S COMMUNITY SERVICES**

**Function:** Human Resources  
**Policy:** Appendix 20 – Transfer Request Form  
**CMHO Standard(s):**  
**Approved:** January 2009

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**Appendix 20 TRANSFER REQUEST FORM**  
**Approved January 2009**

Staff Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Staff may apply to transfer to a position within the same or lower band providing it is not a currently posted position. The procedures surrounding staff transfers are outlined in section 6-50 of the Agency Human Resources Policy.

Staff may be interviewed to determine whether they are a strong fit for the position and department.

Transfer requests will be kept on file by the Human Resources Administrator for a period of 6 months.

**TRANSFER REQUESTED TO:**

- Addictions and Mental Health Services       Administration
- Children and Youth Residential Services       Justice Services
- Employment Services

**DEPARTMENTS PREFERRED:**

1. \_\_\_\_\_
2. \_\_\_\_\_

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**POSITIONS PREFERRED:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**EDUCATION AND TRAINING:**

Indicate Highest Level of Education Completed \_\_\_\_\_

\_\_\_\_\_

Degrees / Diplomas \_\_\_\_\_

Other Training Courses Completed \_\_\_\_\_

\_\_\_\_\_

**RELEVANT EXPERIENCE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR SEEKING TRANSFER:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attached any additional documentation?

- Resume       Transcripts       Copies of Diplomas/Degrees

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Please forward this form and any additional attachments to Human Resources. This form will be distributed to all Service Directors and a copy will be placed in your Human Resources file.

In the event that a position that matches your skills and experience becomes available, you may be contacted for an interview.

\_\_\_\_\_  
Staff's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Director's Signature

\_\_\_\_\_  
Date