

MORGAN COUNTY COMMISSION
REQUEST FOR TRANSFER CONSIDERATION

NAME:

LAST

FIRST

MIDDLE INITIAL.

ADDRESS:

CITY

STATE

ZIP

PHONE NUMBER:

CURRENT DEPT. WHERE EMPLOYED:

CURRENT POSITION HELD:

CURRENT PAY RATE:

POSITION APPLYING FOR:

DEPARTMENT LOCATION:

LIST THE KNOWLEDGE, SKILLS AND ABILITIES THAT YOU POSSESS RELATIVE TO THE
 MINIMUM QUALIFICATIONS OF THE JOB BEING REQUESTED:

I hereby certify that I meet all qualification requirements for this position and will provide any necessary certification upon request. I understand that acceptance of a transfer or promotion limits my eligibility for future merit transfer or promotion for a period of (1) one year from the effective date of this action, if I am selected

Signature

Date