



APPLICATION FOR TRANSFER

Name: _____

ID# _____

Current Job Title

Current Campus/Center Location

I hereby apply for a transfer of assignment from that listed above to:

New Job Title

New Campus/Center Location

Replacing: _____

Reason: _____

I certify that I am eligible for transfer regarding this subject.

Employee Signature

Date

Current Supervisor Signature

Date

Current Vice President Signature

Date

New Supervisor Signature

Date

New Payroll Account Number

Recommendation:

Approved – New Vice President

Approved – President

New Salary: _____

State Date: _____

Mississippi Delta Community College does not discriminate on the basis of age, race, color, national origin, religion, sex, sexual orientation, gender identity or expression, physical or mental disability, pregnancy, or veteran status in its educational programs and activities or in its employment practices. The following person has been designated to handle inquiries regarding the non-discrimination policies: Waunita Roberts Jones, Director of Human Resources, Stauffer-Wood Administration Building, Suite 144, Office 145, P. O. Box 668, Moorhead, MS 38761, 662-246-6309; EEOC@msdelta.edu.