MISSISSIPPI DELTA COMMUNITY COLLEGE

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, Executive 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.