

**Attachment 530-A**

Los Angeles County+University of Southern California Healthcare Network  
Department of Nursing

**TRANSFER REQUEST**

Date: \_\_\_\_\_

Instructions: To request an internal transfer to another Nursing Area, complete all sections and submit to the Nurse Retention Coordinator, C2C112 or Fax (323) 441-8039

<b>Employee Name:</b>	
<b>Employee No:</b>	<b>Civil Service Title:</b>
<b>Work Extension:</b>	<b>Home Phone:</b>
<b>Current Unit:</b>	<b>Current Shift:</b>
<b>Requested Unit:</b>	<b>Requested Shift:</b>

The employee understands:

- He/she must attach a current, competent performance evaluation in order to be considered for transfer
- This request is valid for 180 days from the date of receipt by the Nurse Recruitment and Retention Center
- He/she must renew the request after the 180 days have expired
- A separate Transfer Request Form must be completed for each unit being considered for reassignment

\_\_\_\_\_  
Employee Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Nurse Manager Signature - **Current** Unit  
(I am aware this employee is actively seeking an internal transfer)

\_\_\_\_\_  
Nurse Manager Signature - **Requested** Unit  
Employee offered position:  Yes  No  
Comments: \_\_\_\_\_

Date Approved: 2/01/09