



# Leech Lake Band of Ojibwe Request for Transfer

## Current Information

Today's Date \_\_\_\_\_

Employee Name \_\_\_\_\_ EE # \_\_\_\_\_

Current Job Title \_\_\_\_\_ Department \_\_\_\_\_

Current Rate of Pay \_\_\_\_\_ Last Day of Work \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Division Director Signature \_\_\_\_\_ Date \_\_\_\_\_

## New Information

New Job Title \_\_\_\_\_

New Department \_\_\_\_\_

Transfer Date \_\_\_\_\_

Direct Supervisor Name \_\_\_\_\_ Extension \_\_\_\_\_

Division Director Signature \_\_\_\_\_ Date \_\_\_\_\_

It is the employee's responsibility to obtain necessary required signatures prior to transfer.