

River Valley Child Development Services Transfer Request Form



Employee Information

Employee Name: _____	Date of Request: _____
Current Position Title: _____	Current Program: _____
Transfer Position Title: _____	Transfer Program: _____
Current Assigned Worksite: _____	Current Director: _____
Transfer Assigned Worksite: _____	Transfer Director: _____

Transfer Supervision Information

Transfer Direct Supervisor Name: _____	Position Title: _____
Transfer Secondary Supervisor Name: _____	Position Title: _____
Transfer Tertiary Supervisor Name: _____	Position Title: _____

Transfer RVCDS Classification

- Full-Time Employee # hours scheduled per week _____
- Part-Time Employee # hours scheduled per week _____
- Temporary Employee # hours scheduled per week _____ length of time _____
- Substitute Employee

Position eligible for work from home benefit? Yes No

Education and Experience Information

Education Level: _____ Field of Study: _____

Years of Experience: _____ Relevant Exp. _____

Waiver Required? _____ Waiver Approved By: _____

Other relevant information (licenses, training, etc.) _____

Hiring Director Signature
Date

Human Resources Section

Pay Rate

Current Position Pay Rate for Ed Level:	Current Hourly Rate:		Current Annual Rate:	
Current Position Entry Level Salary for Ed Level:	Entry Hourly Rate:		Entry Annual Rate:	
Difference between entry level and actual: <i>(difference added to entry level pay of transfer position)</i>	Difference Hourly:		Difference Annual:	
Transfer Position Entry Level Salary for Ed Level:	Transfer Entry Hourly:		Transfer Entry Annual:	
New Transfer Pay Rate <i>(difference + transfer entry)</i>	Transfer Hourly Rate:		Transfer Annual Rate:	

- App Complete and Signed in Paycom
- Resume
- Approved Waiver (if applicable)
- Phone Interview Questions (optional)
- Interview Questions
- Interview Project
- Interview Rating Form

Transfer Date
to be completed by HR after offer made

Human Resources Generalist Signature
Date

Agency Review and Determination

Pay Rate Verification _____
Comptroller Signature
Date

Hire Determination _____
 Approved Denied
Executive Director Signature
Date