



**CEBA APPLICATION/TRANSFER
REQUEST FORM**

NAME	PHONE NUMBER					
	BEST TIME TO CALL					
EMPLOYEE ID#	EXPLAIN YOUR QUALIFICATIONS FOR THIS POSITION					
CURRENT POSITION						
CURRENT LOCATION						
<input type="checkbox"/> ATC <input type="checkbox"/> LRC <input type="checkbox"/> SPECTRUM <input type="checkbox"/> CPPB <input type="checkbox"/> MAIN <input type="checkbox"/> TASSELL <input type="checkbox"/> CSC <input type="checkbox"/> MI WORKS! <input type="checkbox"/> BOSTWICK <input type="checkbox"/> DATA CTR <input type="checkbox"/> NORTH RAMP <input type="checkbox"/> PRESCHOOL <input type="checkbox"/> SCC <input type="checkbox"/> LYON STREET <input type="checkbox"/> FFH <input type="checkbox"/> MUSIC RAMP <input type="checkbox"/> OTHER _____						
POSITION # OR TITLE APPLYING FOR	TO EXPEDITE HR NOTIFICATION, PLEASE PROVIDE YOUR EMAIL ADDRESS BELOW (NOTE: IF YOU DO NOT HAVE AN EMAIL ADDRESS, PLEASE PUT AN ALTERNATE EMAIL SO WE CAN CONTACT YOU WITH INFORMATION REGARDING OPEN POSITION (I.E., BUILDING MANAGER)).					
CURRENT SUPERVISOR	EMAIL ADDRESS					
	ALTERNATE EMAIL ADDRESS					
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">_____ EMPLOYEE SIGNATURE</td> <td style="width: 40%; border: none;">_____ DATE</td> </tr> <tr> <td style="border: none;">_____ SUPERVISOR SIGNATURE (ONLY IF APPLYING FOR A TRANSFER)</td> <td style="border: none;">_____ DATE</td> </tr> </table>			_____ EMPLOYEE SIGNATURE	_____ DATE	_____ SUPERVISOR SIGNATURE (ONLY IF APPLYING FOR A TRANSFER)	_____ DATE
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_____ SUPERVISOR SIGNATURE (ONLY IF APPLYING FOR A TRANSFER)	_____ DATE					