Department of Human Resources 10900 Euclid Avenue Cleveland, Ohio 44106-7047 phone 216.368.6964 fax 216.368.4678 www.case.edu AskHR@case.edu

Request for Exception to Transfer

Employee Name:	Empl. ID.:
Job Title:	Hire Date:
Department:	Date in Position:
Supervisor's Name:	
Email:	Phone:
Reason Exception to Transfer Sought:	
☐ Have not been in current position 12 mor	nths (or 6 months within department)
☐ Below average/poor review	
Date:	
☐ Received Positive Corrective Action within	the last year
Date:	
Justification for Exception to Transfer:	
Type/write details here:	
Have you previously requested an exception to tran	sfer?
If yes, approximate date:	
Is your current position being eliminated in a reorga	nization?
Are you seeking to move from a full-time to a part-	
	time position?
Is your supervisor aware of your request for an exce	eption to transfer?
	eption to transfer?
	eption to transfer?
Sign:	Date:
Sign: Please email completed for drop off completed form to	Date:
Sign: Please email completed for drop off completed form to	Date:
Sign: Please email completed for or drop off completed form to For Office Use Only □ Approved □ Denied	Date: To AskHR@case.edu Crawford Hall, Room 320
Sign:	Date: To AskHR@case.edu Crawford Hall, Room 320

