**Employee Transfer Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name:** |  | | |
| **Form No.:** |  | **Date:** |  |

**Section 1: Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** | John Doe | **Employee ID:** | EMP-4587 |
| Current Designation |  | Current Department |  |
| Current Branch / Location |  | Date of Joining |  |
| Employment Type | ☐ Permanent ☐ Contract ☐ Temporary ☐ Probation | | |

**Section 2: Transfer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| New Designation |  | New Department |  |
| New Branch / Location |  | Effective Date of Transfer |  |
| Reason for Transfer | ☐ Departmental Need ☐ Employee Request ☐ Promotion ☐ Administrative Decision ☐ Other: | | |
| Duration (if temporary) |  | Reporting Manager (New) |  |

**Section 3: Authorization & Approvals**

|  |  |  |  |
| --- | --- | --- | --- |
| **Authority** | **Name & Signature** | **Date** | **Remarks** |
| Immediate Supervisor |  |  |  |
| Department Head |  |  |  |
| HR Manager |  |  |  |
| Managing Director / CEO |  |  |  |

**Section 4: Acknowledgment by Employee**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, acknowledge and accept the terms of my transfer as stated above.

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

**Section 5: HR Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Transfer Recorded in HR System | ☐ Yes ☐ No | Employee File Updated | ☐ Yes ☐ No |
| Payroll Department Notified | ☐ Yes ☐ No | New ID/Badge Issued | ☐ Yes ☐ No |
| Remarks |  | | |
|  | | |