

Employee Transfer Form

This Form must be completed by an appointing authority for each employee they wish to transfer as governed by one of three RIGL statutes. In addition to capturing the necessary information for any related reporting requirements and personnel transactions, this Form serves as the means for an appointing authority to obtain necessary approvals as dictated by the applicable statute and/or the Employee Transfer Policy. This Form further serves as the means by which transfer extension requests/notifications are made. Prior to completing this form, the signatory should review the *Employee Transfer Policy* for further clarification as to the procedures for compliance with each of the transfer action types as well as the applicability of this Form.

Transfer Action Type:

Check which statute applies to this transfer action*			
<input type="checkbox"/>	RIGL 36-4-34.1	Transfer of State Employee	<ul style="list-style-type: none"> • Applicable to non-union employees only • May be classified, unclassified or non-classified • Must be a comparable position within executive branch • Employee retains civil service status, rate of pay and benefits • For a duration of 1 year, but may be extended upon request
<input type="checkbox"/>	RIGL 36-4-34	Transfer within Classified Service	<ul style="list-style-type: none"> • Applicable to classified employees only • May be union or non-union • Must be the same class of position • No limitation on the duration of the transfer
<input type="checkbox"/>	RIGL 42-40-3	Interchange of Government Employees	<ul style="list-style-type: none"> • Applicable to all government employees subject to applicable merit system laws/ rules and CBAs • Transfer from state agency to another state government (state other than RI), federal agency, municipality, state college, instrumentality of the state (i.e. water district, fire district) or quasi state agency • No more than 36 months within a 60-month period

Transfer Action Information:

Employee Name	
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Transferred From		Transferred To
Position		
Department		
Location		

Reason for Transfer

Specific Tasks to be Assigned to and Completed by Employee

Explanation of How the Task(s) to be Completed by the Transferred Employee Relates to the Mission of the Transferee Department, Division or Agency

Initial Transfer Information	
Effective Date of the Transfer	
Anticipated Duration of Transfer	

Transfer Extension Information	
Transfer Extension Start Date	
Anticipated Duration of Transfer Extension	

Signature Page:

Agency Signature(s)

*Note that both signatures may be not be applicable dependent on the transfer action. See **Employee Transfer Policy** for clarification.*

Sending Agency Signature

Receiving Agency Signature

Date:

Date:

Following the receipt of the necessary above signatures, forward this Form to the office of the Executive Director of Human Resources along with any additional required documentation. In some cases, a letter to the transferring employee may be required. See the **Employee Transfer Policy** for additional information.

If approval is needed from either or both the Executive Director of Human Resources/Personnel Administrator and the Director of Administration, this Form will be returned to you with the appropriate signatures in the section below if the transfer action has been approved.

Approval Signature(s)

*Note that both signatures or either signature may be not be applicable dependent on the transfer action. See **Employee Transfer Policy** for clarification.*

Executive Director of Human Resources/
Personnel Administrator

Director of Administration

Date:

Date: