



Prevailing Rate Transfer Request

Date of Request: _____

A prevailing rate employee may file a request for transfer if desiring to transfer to the same position classification within the same Agency to a different geographical location. In addition, employees agree to the following parameters: (1) Any employee who has been suspended (unless it is less than three days) within the preceding six months of the transfer shall not be eligible; (2) If this transfer is exercised the employee will not be eligible for transfer again for 24 months from the date of transfer; and (3) An employee who declines an offer to transfer shall be removed from the transfer list. It is also understood that this request will expire after one year from date of receipt.

Current Employment Information (please print)

Name: _____

Social Security #: _____

Agency: _____

Division: _____

Current Location/Facility: _____

Current Work County: _____

Title: _____

Option (if applicable): _____

Office Phone: _____

Home/Cell Phone: _____

Seniority Date: _____

Requesting Transfer to

Title: _____

Option (if applicable): _____

Location/Facility preference: _____

Work County: _____

Employee Signature: _____ Date: _____

Send this completed form to: Administrative & Regulatory Shared Services Center
101 West Jefferson Street, 5-110
Springfield, IL 62702