



**CITY OF FLINT  
DEPARTMENT OF HUMAN RESOURCES  
REQUEST FOR TRANSFER**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current Job Title:** \_\_\_\_\_

**Current Dept./Div.:** \_\_\_\_\_

**Position(s) Requested:** \_\_\_\_\_

**Dept(s) Requested:** \_\_\_\_\_

**Are you willing to take a reduction in order to transfer? YES NO**

**If yes, what position(s) would you consider for reduction purposes?**

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**NOTE: PLEASE FILL OUT THIS FORM AS COMPLETELY AS POSSIBLE TO  
DETERMINE AVAILABILITY AND/OR RELATEDNESS OF POSITION REQUESTED**

**\*\*THIS TRANSFER REQUEST WILL BE KEPT ON FILE FOR SIX MONTHS\*\***

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