

THE CITY COLLEGE OF NEW YORK
OFFICE OF HUMAN RESOURCES

REQUEST FOR INTRA-COLLEGE TRANSFER
CLASSIFIED TITLES

NAME: _____

SOCIAL SECURITY NUMBER: _____

TITLE: _____ LEVEL: _____

DEPARTMENT: _____ EXT: _____

APPOINTMENT DATE: _____ SALARY: _____

SPECIAL SKILLS: _____

REASON FOR TRANSFER: _____

SIGNATURE: _____ DATE: _____

Please return this form in confidence with a copy of your resume to the Office of Human Resources, Shepard Hall- Room 50. Your request for an Intra-College Transfer will be kept on file for a period of one year. You will be notified about departments with approved vacancies as they occur. If for any reason you wish to withdraw your request for transfer, do so in writing.