

## Department of Behavioral Health Intra-Department Transfer (IDT) Form

Instructions: Submit the completed half-sheet original to Kim Longfellow, Office Assistant III, Mail Code 0026. Retain a copy for your records.

DATE	EMPLOYEE NO.	PROGRAM	GRC CODE	EMPLOYEE NAME
HAS BEEN TRANSFERRED FROM:				
POSITION #	IN PAY CENTER #	DEPT	POSITION CLASSIFICATION	
ACKNOWLEDGED BY:				
SENDING PROGRAM MANAGER		DATE	SENDING DEPUTY DIRECTOR	DATE
AND IS BEING TRANSFERRED TO:		EFFECTIVE DATE:		
POSITION #	IN PAY CENTER #	DEPT	PROGRAM	GRC CODE
WORK NUMBER				POSITION CLASSIFICATION
ACKNOWLEDGE BY:				
RECEIVING PROGRAM MANAGER		DATE	RECEIVING DEPUTY DIRECTOR	DATE

HR008 (06/07)

Human Resources

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