

DIRECTIONS

This form must be completed, signed, and dated by the employee, supervisor, and appropriate level of management prior to an employee transferring to another state agency or department on campus. A copy of the performance plan must be attached. The transfer form and the performance plan should be sent to the employee's new work unit.

EMPLOYEE INFORMATION

First Name _____ Middle _____ Last Name _____

Position _____ Department _____

Overall Rating _____ Appraisal Period _____

TRANSFER APPRAISAL INFORMATION

Overall Appraisal Summary: (Attach additional sheets if necessary)

Employee Comments: (Attach additional sheets if necessary)

SIGNATURES

Supervisor _____ Date _____

Employee _____ Date _____

Approved By _____ Date _____

Send this completed form, with a copy of the employee's work plan, to the gaining department.