

**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 work plan must be attached. The transfer form and the work 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.