

APPLICATION FOR TRANSFER

Name:		ID#		
	rent Job Title		s/Center Location	
I hereby apply fo	or a transfer of ass	ignment from that listed above to:		
	New Job Title		New Campus/Center Location	
Replacing:				
Reason:	· · · · · · · · · · · · · · · · · · ·			
Employee Signature	Date	er regarding this subject. Current Supervisor Signature	Date	
Current Vice President Signature	Date			
New Supervisor Signature	Date	New Payroll Account Number		
Recommendation:				
Approved – New Vice President		Approved – President		
New Salary		State Date		

Mississippi Delta Community College does not discriminate on the basis of age, race, color, national origin, religion, sex, sexual orientation, gender identity or expression, physical or mental disability, pregnancy, or veteran status in its educational programs and activities or in its employment practices. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Steven Jones, Vice President of Administrative and Student Services, Stauffer-Wood Administration Building, Suite 119, Office 123, P. O. Box 668, Moorhead, MS 38761, 662-246-6304; EEOC@msdelta.edu.