



**BOUNDARY**  
Community Hospital  
**IN HOUSE APPLICATION**

**NOTE:** A transfer can only be completed after both department managers have concurred on its advisability and agree to the transfer date.

**You must be in your current role a minimum of 6 months and be in good standing to be considered for a transfer.**

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_

CURRENT JOB TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

QUALIFICATIONS/EXPERIENCE:

RESUME ATTACHED

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EMPLOYEE SIGNATURE: \_\_\_\_\_

**ATTENTION:** By signing this application, you are authorizing this position's manager and/or designees to review your personnel file and to speak with your supervisor.

***Please take this form to your supervisor for them to sign that he/she is aware that you are applying for another position. This signature does not guarantee placement into the position you are applying for, nor does it become an endorsement from your supervisor for the transfer. You supervisor may have a conversation about you with the receiving manager at their discretion.***

MANAGER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return the completed form to Human Resources to start the internal interview process.**

*Transfers can affect your benefits and wages. Please partner with Human Resources for questions, concerns or clarifications.*

Application Received HR: \_\_\_\_\_

Department Notified: \_\_\_\_\_

Requisition: \_\_\_\_\_

Hired:  Transfer date: \_\_\_\_\_

Not Hired: