

**SAM HOUSTON STATE UNIVERSITY
STAFF TRANSFER JOB APPLICATION FORM**

NAME: _____ SAM ID #: _____ EXT: _____

PRESENT POSITION

TITLE: _____ LENGTH OF SERVICE: _____

DEPARTMENT: _____ SUPERVISOR: _____ EXT.: _____

JOB OPENING

JOB NUMBER: _____ TITLE: _____ DEPARTMENT: _____

List experience and skills relevant to the position being applied for. Please attach a current resume or an updated application for further information.

EMPLOYEE SIGNATURE: _____ DATE: ____/____/____

Supervisor's signature and release are required for:

- 1. Internal transfers, "lateral" or "downward", or*
- 2. When the employee has been in present position for less than six months.*

SUPERVISOR'S SIGNATURE: _____ DATE: ____/____/____

SAM HOUSTON STATE UNIVERSITY IS AN
AFFIRMATIVE ACTION/EQUAL OPPORTUNITY INSTITUTION

HR Use Only

Vacation balance: _____ Ovt-Comp balance: _____ Eqv-Comp balance: _____