

EMPLOYEE TRANSFER FORM

Transfer ☐

Promotion ☐

Department - 1	Releasing Department	
	Date: _____	
	Emp. Name: _____	Emp. ID: _____
	Date of Joining: _____	Mobile: _____
	Designation: _____	Department: _____
	Facility: _____	
	Reason for Transfer/Promotion: _____	
	HOD Name: _____	Employee Name: _____
Sign & Date: _____	Sign & Date: _____	
Department - 2	Transfer Accepting Department	
	Date Received: _____	Designation: _____
	Department: _____	Reporting To: _____
	Commenced On: _____	
	Facility : _____	
	Reason for Transfer/Promotion: _____	
	HOD Name: _____	Employee Name: _____
	Sign & Date: _____	Sign & Date: _____
IT Department		
Remarks: _____		
HOD Name: _____	Sign & Date: _____	
Facility Department		
Remarks: _____		
HOD Name: _____	Sign & Date: _____	
HR Department		
Remarks: _____		
HOD Name: _____	Sign & Date: _____	