



TRANSFER FORM

* Please note this form can not be used for a change of position, unless accompanied by an appraisal form

CURRENT EMPLOYEE DETAILS

Name of Employee:

Employee Number

Company:

Warehouse:

Dept./Div:

Position:

NEW EMPLOYEE DETAILS

New Company:

Warehouse:

Dept/Div:

Position:

Effective Date of Transfer:

Manager:

Any changes to staff benefits:

For example the addition or removal of vehicle benefits or allowances; or changes in accommodation.

New Shift and Hierarchy information for Biometrics and any other Changes in Employment:

Requested by:

Authorising Officer:

Name

Name

Signature & Date

Signature
and Date