

KINGSBOROUGH COMMUNITY COLLEGE  
The City University of New York

*Office of Human Resources and Labor Relations*

INTRA-COLLEGE TRANSFER CONSIDERATION FORM

Employee's Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

I am requesting a transfer to the following office: \_\_\_\_\_

*I understand that if I am called for an interview for this position, I am not guaranteed a transfer.*

\_\_\_\_\_  
Employee Signature

Comments:

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