

Agency Transfer Request Form

Please email this completed form and the employee's [completed PDF application](#) to the Ramsey County Human Resources representative listed below. If contact information is not provided, please send completed form to ContactHR@ramseycounty.us.

HR Representative Name and Email:

Applicant Name (First Last):

Proposed Appointment Date:

To Be Completed By Transferring Agency

Agency Name:

Point of Contact Name (First Last):

Phone Number:

Agency Address:

Point of Contact Email Address:

Employee Current Job Title:

Dates of employment:

to

Does your agency utilize PTO or Sick Leave accruals?

Current Accumulated Sick Leave Balance:

How many hours of accrued sick leave balance will be paid out upon separation?

Does the applicant have permanent (or permanent probationary) status with your agency?

Is the applicant eligible for reinstatement to permanent or probationary status?

Was the applicant hired through a competitive employment selection process? If yes, select applicable employment screening:

Written Exam

Physical Skills Test

Training/Experience Rating

Oral Exam

Other:

RAMSEY COUNTY HR USE ONLY

Approved

Denied

Number of Hours Approved
(Maximum 40)

Ramsey County HR Representative Signature

Date