**TRANSFER REQUEST FORM**

*This form must be completed by an employee requesting to transfer to another contract/department in the same position or a position at the same level within National Ambulance*

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| **Section 1: Employee Details** | | | | | |
| **Employee Name:** |  | **Employee No:** |  | | |
| **Department/Project** |  | **Date started with Company:** | (day/month/year) | | |
| **Position** |
| **Request Transfer to:** |  | **Date started in current position:** | (day/month/year) | | |
| **Reasons *(outline reason for request referencing any personal or professional reasons (attach supporting documentation as required):*** | | | | | |
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| **I certify that all information is true and accurate and I have attached copies of relevant documentation where required such as DOH License, UAE Driving License etc:** | | | | | |
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| **………………………………………..…….(Employee’s Signature) ………………………….(Date)** | | | | | |
| **Please print or scan the signed form and forward to your line manager for completion.** | | | | | |
| **Section 3: Comments by Line Manager : Employee’s suitability for transfer:** | | | | | |
| ***Areas of Consideration and priority*** | | | | | |
| **☐** *Seniority with National Ambulance* | | | | | |
| **☐** *Time in current position (note: NE EMTs may only register for transfer to an Abu Dhabi Emirate position after 2 years on NE Contract)* | | | | | |
| **☐** *Any current disciplinary warnings* | | | | | |
| **☐** *Any disciplinary actions within past 12 months* | | | | | |
| **☐** *Whether under performance action plan* | | | | | |
| **☐** *Fully meets position requirements, ie DOH license, driver license* | | | | | |
| **☐** *Operational Possible* | | | | | |
| **Comments and recommendation:** | | | | | |
| **………………………………………..…….(Manager’s Signature)** | | | **………………………….(Date)** | | |
| **……………………………………………….(Print Name)** | | |
| **Please print or scan the signed form and forward to HR. If hard copy then form is to be date stamped by Recruitment.** | | | | | |
| **Section 4: Recruitment Action:** | | | | | |
| **Recruitment:** | | | | | |
| **Does the applicant meet the eligibility criteria for the position** | | | **Yes** | | **No** |
| **Are there any issues or concerns (to be discussed with line manager as required)** | | | **Yes** | | **No** |
| ***Suitable for Transfer:*** | ***Details entered on register, for consideration when opportunity arises, and employee and line manager advised*** | *Initials* | | *Date* | |
| ***Not Suitable for Transfer:*** | ***Employee and line manager to be advised giving reasons*** | *Initials* | | *Date* | |
| **Section 5: CAO Comments and Approval** | | | | | |
| ***Comments:***  *……………………………………………………….. (***CAO’s Signature) …………………….. (Date)** | | | | | |
| **Section 5: Transfer Actioned** | | | | | |
| ***New Contract:*** |  | ***Effective Date:*** |  | | |
| **HR to be advised with details of transfer and any changes in remuneration, where applicable.  Once process is completed, form to be passed to HR and filed on employee's personnel file.** | | | | | |