

**ACKNOWLEDGEMENT OF PROVISIONS GOVERNING
INTERDEPARTMENTAL TRANSFER**

I _____ am accepting an interdepartmental transfer
(NAME)

from the Department of _____
(FROM WHICH TRANSFERRING)

to the Department of Human Services (DHS) effective _____
(DATE)

I understand that my salary upon transfer will be _____
(SALARY)

Interdepartmental transfer means a transfer from a classified position in one department to a classified position in another department, at the same or higher or lower pay grade. For this purpose, a transfer between organizational units of the Department of Human Services or a transfer between the Department of Human Services and a County Board of Health, shall not be deemed to be an interdepartmental transfer.

By my signature, I acknowledge that:

(a) If I have fewer than five years of continuous State service, I will serve a new working test period, and I retain **no rights** to any former job or employment in the Department of Human Services, or the Department of _____
(FROM WHICH TRANSFERRING)

(b) If I have five years or more of continuous State service, I will serve a new working test period. If I do not successfully complete this working test period, I retain permanent status rights to the last job in which I held permanent status, on a pay grade lower than the job to which I transferred in the Department of Human Services. If the job **is** utilized by DHS, I may be demoted in accordance with the Rules of the State Personnel Board - Rule 10.304.1. If the job **is not** utilized by DHS, I may be separated in accordance with the Rules of the State Personnel Board - Rule 12.301.1.

This document must be signed prior to the effective date of the interdepartmental transfer to confirm the offer of employment.

I understand that if I refuse to sign this form, I am forfeiting the offer of employment by the Department of Human Services.

_____ Name of Employee (please print)	_____ Social Security Number	_____ Original date of employment (continuous State service)*
_____ Job from which transferring	_____ Job offered in DHS	
_____ Employee Signature	_____ Date	

* Must be verified by DHS organizational unit prior to effective date