

**RMHS/RCP**  
**INTERNAL TRANSFER/OPPORTUNITY REQUEST FORM**

Please complete this form for any posted position within Rutland Mental Health Services or Rutland Community Programs for which you would like to be considered. Please write or print legibly. Forward this request, along with a current resume, if available, to the hiring supervisor or his/her delegate.

I, \_\_\_\_\_ (please print your name clearly) wish to be considered for the following position: \_\_\_\_\_

Minimum Pay Desired: \_\_\_\_\_

Does this transfer represent a: Promotion \_\_\_\_ Lateral Transfer \_\_\_\_ Voluntary Demotion \_\_\_\_

**If this transfer represents a voluntary demotion, please read the following statement and sign:**

I understand that if I am offered and accept the position for which I am applying, my acceptance will result in a voluntary demotion because this position is in a lower job classification than my current position. I also understand that my pay rate in this new position will be determined in consultation with the Division Director, CFO, CEO and Vice President of Human Resources and may result in a pay rate that is lower than my current pay rate. I further understand that the demotion will not be effective until I accept the new position and pay rate, and that rejection of the demotion will not affect my future eligibility for promotion, transfer or voluntary demotion at the Agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Transfer/Opportunity Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following current and prior work experience and/or education qualify me for the above position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Position: \_\_\_\_\_

Length of Time in Current Position: \_\_\_\_\_

Hire Date at RMHS/RCP: \_\_\_\_\_

Current Supervisor: \_\_\_\_\_

*I verify that I meet all qualifications, as posted and that I am eligible for transfer or promotion (as outlined in the Transfer/Promotion Policy in the Human Resources Policy Manual). I understand that in order to be considered for this opening, the hiring supervisor or his/her delegate, will contact my current supervisor and will review my personnel file for further information on my job performance history and other job related information relevant to determining my qualifications for this position.*

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

\_\_\_\_\_  
Date

### **Equal Employment Opportunity Policy**

It is the policy of the Agency to provide equal opportunity and employment to all staff and applicants. No person shall be discriminated against in any aspect of employment because of race, color, ancestry, place of birth, religion, sex, gender identity, age, national origin, ancestry, place of birth, marital or civil union status, citizenship, a positive test result from an HIV-related blood test, sexual orientation, disability, genetic information, uniformed/military service or veteran status, or any other category protected by state or federal law. Inquiries concerning the application of this policy or the state and federal laws related to discrimination in employment may be addressed to the Vice President of Human Resources at 78 South Main Street.

The Agency will provide reasonable accommodations to individuals with physical and mental conditions who qualify for and request a reasonable accommodation, in compliance with the Americans with Disabilities Act ("ADA"), the ADA Amendments Act of 2008, Vermont's Fair Employment Practices Act, and all applicable state and federal laws. Individuals seeking a reasonable accommodation should contact RMHS' Vice President for Human Resources or Chief Executive Officer.

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### **TO BE COMPLETED BY THE HIRING SUPERVISOR:**

Employee Interviewed? (Yes/No) \_\_\_\_\_ Date of Interview \_\_\_\_\_

If "No", reason employee was not interviewed \_\_\_\_\_

\_\_\_\_\_  
Employee Hired? (Yes/No) \_\_\_\_\_

Date Employee Notified of Decision \_\_\_\_\_

Hiring Supervisor or Delegate Name \_\_\_\_\_

**Hiring Supervisors - Please return this form to Human Resources, once completed.**