



NP-8 Employee Facility Transfer Request

Connecticut Department of Correction

CN 2302
REV 1/1/08

SECTION 1 – Employee Information

Employee name:

Employee title:

Employee number:

Date of appointment to present class (mm/dd/yyyy):

Date of appointment to state service (mm/dd/yyyy):

Present location:

Current shift:

SECTION 2 – Desired Location(s)/Shift(s)

Note: if listing more than one location, please be aware you cannot prioritize your selections.

Location/Facility Preference

Shift Preference

1.	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third
2.	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third
3.	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third
4.	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third
5.	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third
6.	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third
7.	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third

SECTION 3 – Authorization

I request to be placed on the facility transfer list for the quarter beginning (mm/dd/yyyy):

Employee signature:

Date:

Return the completed form to your facility human resources representative.

Human Resources signature:

Date:

The human resources signature verifies that the information contained in this document has been reviewed and is accurate.

SECTION 4 – Employee Authorization to Rescind Transfer Request

I voluntarily request to rescind my transfer request to the following facilities as indicated below:

Employee signature:

Date:

Human Resources signature:

Date:

cc: Recruitment Office
Unit Administrator
Employee File