ACKNOWLEDGEMENT OF PROVISIONS GOVERNING INTERDEPARTMENTAL TRANSFER

I _____ am accepting an interdepartmental transfer
(NAME)

from the Department of _____

(FROM WHICH TRANSFERRING)

to the Department of Behavioral Health and Developmental Disabilities (DBHDD) 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.
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 Behavioral Health and Developmental Disabilities, 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 Behavioral Health and Develomental Disabilities. If the job **is** utilized by DBHDD, I may be demoted in accordance with the Rules of the State Personnel Board - Rule.478-1-.24 If the job **is not** utilized by DBHDD0, I may be separated in accordance with the Rules of the State Personnel Board - Rule 478-1-.24.

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 Resources.

Name of Employee (please print)	Social Security Number	Original date of employment (continuous State service)*

Job from which transferring	Job offered in DBHDD

Employee Signature	Date

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