



Jackson Parish Police Jury

Transfer Request Form

For Personnel Use Only

Request Date ____ / ____ / ____

Date Inactive: ____ / ____ / ____

NAME:	(Last)	(First)	(MI)
ADDRESS:	(Street)	(City, ST)	(ZIP)
HOME PHONE		WORK PHONE/EXT:	
EMPLOYEE ID:			
CURRENT DEPARTMENT:			
REQUESTED DEPARTMENT:			
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>			

PLEASE LIST MOST RECENT JOB EXPERIENCE. ATTACH ADDITIONAL SHEETS AS NEEDED.
(EMPLOYEES MAY ATTACH A CURRENT RESUME IN LIEU OF FILLING OUT JOB EXPERIENCE PAGES.)

YOUR CURRENT JOB TITLE:		FROM (month/year):
DEPARTMENT:		TO (month/year):
FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	HOURS PER WEEK:
DUTIES AND RESPONSIBILITIES (Be specific):		

EDUCATION/TRAINING/OR COURSE WORK:
SPECIAL SKILLS (COMPUTERS, CAD, LICENCES, ETC.):
OTHER PERTINENT INFORMATION:

SIGNATURE: _____

PRINT NAME: _____ EFFECTIVE DATE: _____