



**Expression of Job Interest**  
 For Employee to complete and return to HR Employment  
 Department member sitting at Reception desk.

**Employee Name:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**List current and past positions held with JNCS:**

<u>Job Title/Program</u>	<u>Supervisor's Name</u>	<u>Days/Hours of Work</u>
Current: _____	_____	_____
Current: _____	_____	_____
Past: _____	_____	_____
Past: _____	_____	_____

**Put RFP #:** \_\_\_\_\_ per HR Bulletin that you are interested in applying for.

Indicate reasons for transfer request, using additional paper if necessary. Include skills, training, experience, achievements, etc., which qualify you for this position.

\_\_\_\_\_

\_\_\_\_\_

**If offered this position, would you be resigning any of your current position(s)?**  Yes  No

**If yes, list positions.** (Remember, employees must provide at least two weeks notice of any resignation to their current supervisor(s) in order to be eligible for other JNCS job opportunities. Thirty days notice is required if you are a roommate.)

\_\_\_\_\_

\_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To be completed by HR Employment Department (HR Employment Department to notify current supervisor of employee's intent)

Date received in HR Employment Department: \_\_\_\_\_ Date copies distributed to current supervisor(s): \_\_\_\_\_

\*\*\*\*\* Information Below To Be Completed By Hiring Supervisor \*\*\*\*\*

Date Interviewed: \_\_\_\_\_  Selected  Not Selected  
 (If employee will be resigning a position they must meet eligibility requirements for a transfer of 6 months of employment.)

Comments: \_\_\_\_\_  
**If hired: Complete in place of full Status Change Form & return to Employment Dept for processing.**

Job Title: \_\_\_\_\_ Department No.: \_\_\_\_\_

New Status:  Full Time  Part Time  per Diem  Temporary

Shift hours: \_\_\_\_\_ **For RFP No.:** \_\_\_\_\_

Pay Rate: \$ \_\_\_\_\_ Per \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Hiring Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Payroll Input: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by HR Employment Department before going to Payroll Department.

Date received in HR Employment Department: \_\_\_\_\_ Date email notification was sent to current supervisor(s): \_\_\_\_\_

HR Employment Department to attach this form to appropriate RFP and copy of email notification and submit to Payroll.