



TRANSFER AUTHORIZATION FORM

Employee Name: _____

Emp. Code: _____ Date of Transfer: _____

From:
Department: _____

To
Department: _____

Location: _____

Location: _____

Signature of HOD:

Signature of HOD:

Name:

Name:

Date:

Date:

Key Result Areas (New Role):

KEY RESULT AREAS	MEASUREMENT CRITERIA	WEIGHTAGE	PERFORMANCE LEVEL
PRIMARY :			
SECONDARY :			

Note: The transfer authorization form, to be initiated by the transferor HOD.
The same to be forwarded to HR by the transferee HOD.

FOR USE OF HR DEPARTMENT ONLY:

Date on receipt of Authorization Form: _____

Date of issue of Transfer Letter: _____

New Designation, if any: _____

Signature: _____