

Lindsey Wilson College
Work Study Program
Job Transfer Request

Name _____ Date _____

LWC ID # _____ Phone # _____

Current Employment Assignment:

Department _____

Supervisor _____

Supervisor's Signature _____

Requesting Transfer To:

Department _____

Supervisor _____

Supervisor's Signature _____

Reason for Transfer _____

Student's Signature

Date

Approved: _____
Work Study Coordinator

Date

Both supervisors must sign this form. Return the completed form to the Work Study Coordinator for review. You may not start working at your new placement until the Work Study Coordinator has approved your transfer and you have turned in your current timesheet for the location you are transferring from.

