

COOK COUNTY BUREAU OF HUMAN RESOURCES TRANSFER CERTIFICATION FORM

Date:		
Employee Name:	Position ID:	
Employee Title:		
Current Department/Work Location:		
Proposed Department/Work Location	n:	
Explain operational needs which are	the basis for the request:	
Explain Employee selection method	used:	
DEPARTM	MENT HEAD AND COMPLIANCE OFFICER CERTIFICATION	
I hereby certify that this request for a Transfer is in	compliance with the Transfer Policy, the Personnel Rules and Employment Plan.	
that I am strictly prohibited from conditioning, bas because of any political reason or factor or kno proscribed above. I certify, under penalty of perjur into any County Employment Actions taken with r	on of the Cook County Board President that are not exempt under Shakman, I certify that I a ing or knowingly prejudicing or affecting any term or aspect of County employment of hiring wingly inducing, aiding abetting, participating in, cooperating with or threatening any act y, as provided by the law that to the best of my knowledge, Political Reasons or Factors did espect to the above Transfer Request. I understand that failure to comply with the above pronup to and including termination and may subject me to criminal prosecution.	g upon or which is not enter
Department Head Name:	Signature:	
Title:	Date:	
Compliance Officer:	Signature:	
Title:	Date:	