

Intra-Department Movement Request

Date of Request	Request Number
Employee Name	Employee ID
Current Position	Current Duty Station/Team
Requested New Position	Requested New Duty Station/Team
Effective Date of Movement	

Reason for Movement:

Manager's Comments/Recommendation:

HR Use Only

Date Received	Date Processed
Remarks	
Requested By	

Signature & Date

Approved By (Department Head)

Signature & Date

HR Representative

Signature & Date