

St. Clair County Community Mental Health Authority
Employee Request for Transfer Memo

M E M O R A N D U M

TO: Debra B. Johnson, Executive Director

FROM: _____

DATE: _____

SUBJECT: Request for Transfer

I am writing to request a transfer.

My reasons for requesting this transfer are as follows:

I feel my skills would be best suited to working in (state which division of agency and program, if possible):

cc: Master Transfer File
Personnel File