



# JOHNS HOPKINS HOME CARE GROUP

## PROMOTIONAL BID AND TRANSFER FORM

Employee's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Hire Date \_\_\_\_\_  
 Current Title \_\_\_\_\_ Current Department \_\_\_\_\_  
 Work Ext. \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Start Date in Current Position \_\_\_\_\_ Current Hrs: Full-time  Part-time  Under 20 hrs/wk

Position Applied For \_\_\_\_\_ Department \_\_\_\_\_  
 Requisition Number \_\_\_\_\_ Recruiter \_\_\_\_\_

Highest Education Level \_\_\_\_\_ Licensure/Certification \_\_\_\_\_

List below any skills, experience, and/or training, obtained either prior to or during your employment history at JHBMC that qualifies you for the position for which you are applying.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*BEFORE SUBMITTING TO H.R., YOUR SUPERVISOR MUST COMPLETE THE FOLLOWING\*\*\***

Has this employee received written disciplinary action within the last twelve months? Yes  No   
 If yes, please comment and include dates:

\_\_\_\_\_  
 \_\_\_\_\_

This employee has \_\_\_\_\_ number of occurrences as of \_\_\_\_\_ (date).

Current Supervisor's Signature \_\_\_\_\_ Current Supervisor (Print Name) \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor's signature only indicates acknowledgement of Intent to bid.

**HUMAN RESOURCES ONLY:**

1. Employee meets the minimum requirements. Internal Bid Form was forwarded to hiring manager on \_\_\_\_\_.

2. Employee not selected:  
 \_\_\_\_\_ Best qualified applicant selected \_\_\_\_\_ Employee does not meet the minimum requirements.  
 Reason: \_\_\_\_\_

HR Signature \_\_\_\_\_ Date \_\_\_\_\_