



LABBB Internal Transfer Form

Employee Name: _____

Current Placement

New Placement

LABBB Location: _____

Program Director: _____

11th Month %: _____

Effective Date: _____

Person Replacing: _____

I, _____ (Program Director), confirm I have notified this employee of any change to the transferring employee's 11th month pay as a result of this internal transfer. Any change to their 11th month percentage will be implemented in the next payroll after executing this employment transfer.

Employee Signature

Date Signed

Program Director Signature

Date Signed

Patric Barbieri, Executive Director

Date Signed

Maria Walsh, HR Coordinator

Date Signed