

Employment Transfer Request Policy

One of the advantages to working for one of the area's largest multi-specialty healthcare practice groups is the opportunity for career growth and management.

LMG employees who have completed at least 90 days of employment and are in good standing with their practice may apply to transfer to another LMG practice.

Transfer requests **MUST** follow the steps provided below (in order) or the transfer will be dismissed.

Minimum Eligibility:

- ✓ Completed at least 90 days of employment with their current practice
- ✓ May not have received corrective action or other performance counseling in the last 90 days
- ✓ Must have mastered their current job

Steps in the Transfer Process:

1. Employee completes a transfer request form.
2. Employee presents completed transfer request form to their supervisor for completion and signature.
3. Signed transfer request form must be sent to the HR Director for review and approval
4. HR Director will forward any approved transfer requests to the practice with the potential opening.
5. If the hiring practice wishes to accept the transfer, LMG HR will work with both practices to determine an appropriate date for transfer. The transition time frame will depend on the needs of the practice who is losing the employee. If the transfer puts the practice in a situation where there is a significant hardship extra time may be needed for the transition.

Guidelines:

- ✓ ***Career development is encouraged!*** LMG practice groups may not retaliate against employees requesting a transfer. Employees may not be terminated or demoted as a result of their request to transfer.
- ✗ ***No Internal Solicitation!*** LMG practices are on the same team. LMG practices may not recruit LMG employees from other practices unless they have completed an LMG Transfer Request form. If a manager from one practice is interested in an employee in another practice who has not completed a transfer request form in advance, that manager may contact the manager to request consideration.

TRANSFER REQUEST FORM

Employee Name: _____ Date: _____

CURRENT

Practice / Location: _____
 Job Title: _____
 Supervisor: _____
 Rate of Pay: _____
 Date of Hire: _____

NEW

Practice / Location: _____
 Job Title: _____
 Supervisor: _____
 Rate of Pay: _____
 Date of Transfer _____ If applicable

Reason for transfer request: _____

TO BE FILLED OUT BY CURRENT SUPERVISOR:

1) Date employee started working for your practice _____ (must be at least 90 days to be eligible for transfer).

2) Has the above employee been counseled by you concerning any corrective action (such as absenteeism or work performance) in the past 90 days?

NO YES If yes, please explain: _____

3) Is the employee able to perform all of the job duties required for his/her position within your facility?

YES NO If no, explain: _____

4) Do you feel the above employee is an appropriate candidate for the desired position?

YES NO WHY?: _____

Supervisor's Signature: _____ Date: _____



Please forward this form to Human Resources at the LMG Central Office.

HUMAN RESOURCES: Date received: _____ HR Signature _____



Please forward this form to potential supervisor.

Please forward this form to the potential supervisor.

TO BE FILLED OUT BY POTENTIAL SUPERVISOR:

Interviewed by: _____ Practice: _____

Results of Interview: Hire Not chosen If not chosen, explain: _____

If hired, transfer date: _____



Please forward completed form to Human Resources:

FAX - 703-443-8174