IOWA | Health and Human Services

HHS Employee Movement Transfer Form

The **HHS Employee Movement Transfer Form** must be completed whenever an employee moves into a vacant position or experiences any change in shift, work location, supervisor, or supervisory-organization assignment. The form ensures HHS records the movement accurately, maintains structural consistency, and complies with the standardized position-movement process. Refer to the HHS Position Movement Standard Operating Procedure for more details.

Employee Information

First Name	Last Name	Employee ID Number
Effective Date of Transfer		

Position Details

Current Position Number	Future Position Number

Future Assignment Information

Future Supervisor Name	Future Supervisory Organization Name

Division Specific Change Details

Does this movement include a Shift Change?	☐ Yes	☐ No
If yes: Current Shift	Future Shift	
Does this movement include a Work Location Change?	☐ Yes	☐ No
If Yes: Current Work Location	Future Work Location	
Does this movement include a Section/Area of Work Change?	☐ Yes	☐ No
If yes: Current Section/Area of Work	Future Section/Area of Work:	

This form is required to accompany the employee reassignment letter upon submission.