**UT Extension**

**Waiver for Internal Transfer**

**(If under 18 months employment in current position)**

**Name:**

**Personnel Number:**

**Current County:**

**County applying to:**

**Reason for waiver:**

**Employee signature:**

**Current Regional Director signature:**

**Administration approval:**

**Route in Docusign:**

 Signatures: Employee, Current Regional Director, and Administration approval is Dr. John Toman

 Copies once completed: Cindy Lay, Deb Welch, Business Manager/s in region/s and Regional Directors