



Transfer	Approved	Not Approved
Committee Assigned _____		
Date Approved _____		
Date Changed _____		
<i>Office Use Only</i>		

PRIMARY COMMITTEE TRANSFER REQUEST FORM

Please print clearly or use Microsoft Word to complete this form

Date: _____

Name: _____

Volunteer ID Number and /or Life Member Number: _____

How many years have you been a S.A.L.E. Volunteer: _____

Phone: _____

Email: _____

Current Primary Committee: _____

Committee you wish to transfer to: _____

Do you wish to keep serving on your current committee as a secondary? (Circle One) Yes No

If you are a Director, please understand this change may affect your Director status. Please discuss this with both the Current Chairman and the Transferring Chairman.

Do you currently serve in a leadership role on your Primary Committee: (Circle One) YES NO

If yes, what is your role: _____

No transfer request will be considered without both the Current Chairman and the Transferring Committee Chairman's knowledge and approval. This allows your Current Chairman to fill your current role within their committee and ensures that your Transferring Chairman has a position available for you on the new committee. It is your responsibility to discuss your request with both chairmen and to get their signature showing approval of this request.

Current Primary Committee Chairman Signature: _____

Transferring Committee Chairman Signature: _____

Explain the reason for your request (you may attach additional pages if necessary). *This information may be shared with the Current Chairman if it will help improve their committee.*

Volunteer's Signature: _____