



SUFFOLK
UNIVERSITY

Human Resources Office

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www.suffolk.edu

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Verification of Internal Application

Name _____

Department _____

Title _____

Extension _____

I understand that as part of the application process my personnel file and prior performance evaluation will be shared with my prospective supervisor.

Employee Signature

Date

I understand that the above named employee has applied for a transfer and/or promotion.

Supervisor Signature

Date