

COUNTY COLLEGE OF MORRIS SECURITY DUTY TRANSFER FORM

I
(Officer's Name) agree to work for
(Officer's Name)

on from . I will work
(Date) (Shift Time) (Officer's Name)

for on from
(Officer's Name) (Date) (Shift Time)

Officer's Signature _____

Officer's Signature _____

Director's Approval _____

NOTE: No other compensation will apply to this transaction including overtime and meal allowance. Transfer of hours must be completed within the same pay period.