

Date: [Insert Date]

Employee Name: [Insert Employee Name]

Employee ID: [Insert Employee ID]

Current Department: [Insert Current Department]

Subject: Notification of Transfer for Skills Development

Dear [Employee Name],

We are pleased to inform you that you have been selected for a lateral transfer to the [Insert New Department/Team] department, effective [Insert Effective Date].

This transfer is part of our Skills Development Program. The objective of this move is to provide you with the opportunity to broaden your professional expertise, acquire new technical skills in [Insert Specific Skill Area], and gain a more comprehensive understanding of our business operations.

Details of Transfer:

- **New Role:** [Insert New Job Title]
- **New Supervisor:** [Insert Supervisor Name]
- **Location:** [Insert Location/Remote Status]
- **Duration:** [Insert Duration, e.g., 6 months / Permanent]

Your current compensation, benefits, and seniority status will remain unchanged during this period. Your new supervisor will meet with you on your start date to outline your specific learning objectives and performance expectations.

We believe this transition will be instrumental in your career growth within the company. Please sign below to acknowledge your receipt of this notification and return it to Human Resources by [Insert Date].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

Acknowledgment:

I accept the terms of this skills development transfer.

Signature: _____ Date: _____