

FIRST SOURCE HIRING ORDINANCE (FSHO)**FORM: FSHO-3B
CITY OF LOS ANGELES****Transfer/Promotion**

Please submit this completed form along with Form: FSHO-3A to the attention of Breeana London, **VIA FAX** at (213) 744-7223, or **SCAN/EMAIL** at breeana.london@lacity.org to the Economic & Workforce Development Department. Breeana London may be contacted at (213) 744-7213.

SECTION I. CONTRACTOR INFORMATION

Name of Contractor: _____ Contractor Phone#: _____
 Designated Contractor Contact Person: _____ Email: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Business Tax Registration Code (BRTC)#: _____

SECTION II. CONTRACT INFORMATION

City Awarding Department: _____ City Contract#: _____
 Project Title (as listed in your contract): _____
 Name of Prime Contractor (if you are a subcontractor): _____

SECTION III. TRANSFER/PROMOTION INFORMATION

1. What is the name of the Job Classification for the Transfer(s)/Promotion(s)? _____
2. How many new positions do you have for this Job Classification? _____

SECTION IV. EMPLOYEE AND JOB INFORMATION

For each new position counted in Question 2 above, please fill in the following for each employee transferred/promoted. Attach additional sheets if necessary.

EMP #1	Name of Employee to be transferred/promoted: _____	Current Job Title (before Transfer/Promotion): _____
	Will the employee's current job be vacated as a result of this transfer/promotion? <input type="checkbox"/> YES – Please complete a NEW FSHO-3A for this NEW Job Opportunity. <input type="checkbox"/> NO – Proceed to Employee#2 (if applicable)	
EMP #2	Name of Employee to be transferred/promoted: _____	Current Job Title (before Transfer/Promotion): _____
	Will the employee's current job be vacated as a result of this transfer/promotion? <input type="checkbox"/> YES – Please complete a NEW FSHO-3A for this NEW Job Opportunity. <input type="checkbox"/> NO – Proceed to Employee#3 (if applicable)	
EMP #3	Name of Employee to be transferred/promoted: _____	Current Job Title (before Transfer/Promotion): _____
	Will the employee's current job be vacated as a result of this transfer/promotion? <input type="checkbox"/> YES – Please complete a NEW FSHO-3A for this NEW Job Opportunity. <input type="checkbox"/> NO – Proceed to Employee#4 (if applicable)	
EMP #4	Name of Employee to be transferred/promoted: _____	Current Job Title (before Transfer/Promotion): _____
	Will the employee's current job be vacated as a result of this transfer/promotion? <input type="checkbox"/> YES – Please complete a NEW FSHO-3A for this NEW Job Opportunity. <input type="checkbox"/> NO – Proceed to Section V.	

SECTION V. SIGNATURE AND SUBMIT

I declare under penalty of perjury under the laws of the State of California that I am authorized to bind the entity listed on this form and that the information provided on this form is true and correct to the best of my knowledge.

Executed this _____ day of _____, 20____, at _____, _____
 (City) (State)

Signature _____

Name (Please Print) _____

Title _____

Federal Tax/Employer Identification Number _____

SECTION VI. FILLED OUT BY ECONOMIC & WORKFORCE DEVELOPMENT DEPARTMENT ONLY

Received Date	Received by	Email/Phone	Routed to Referral Resource	FSHO ID# (same as on FSHO-3A)