

**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 Maryli Orellana-Farias, **VIA FAX** at (213) 744-7223, or **SCAN/EMAIL** at [Maryli.Orellana-Farias@lacity.org](mailto:Maryli.Orellana-Farias@lacity.org) to the Economic & Workforce Development Department. Maryli Orellana-Farias may be contacted at (213) 744-9355.

**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.

<b>EMP #1</b>	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)	
<b>EMP #2</b>	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)	
<b>EMP #3</b>	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)	
<b>EMP #4</b>	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)
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