

**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 Economic & Workforce Development Department via **SCAN/EMAIL** at EWDD.FSHO-Jobs@lacity.org.**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?  
 YES – Please complete a NEW FSHO-3A for this NEW Job Opportunity.  
 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?  
 YES – Please complete a NEW FSHO-3A for this NEW Job Opportunity.  
 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?  
 YES – Please complete a NEW FSHO-3A for this NEW Job Opportunity.  
 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?  
 YES – Please complete a NEW FSHO-3A for this NEW Job Opportunity.  
 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) \_\_\_\_\_