

TRANSFER/ADJUST

If an employee is to be transferred to another department, site or have his/her salary adjusted in any way, please complete the following information. This form must be completed by the principal/supervisor and approved by personnel before any adjustment to work assignments or wages will be official.

EMPLOYEE'S NAME: _____ SS#: _____

Transferring From: _____

Building/Program

Position

Transferring To: _____

Building/Program

Position

Transferring From:	Hours per day _____
SALARY _____ STEP _____ ODE Code _____	Days per week _____
	Days per year _____

Transferring To:	Hours per day _____
SALARY _____ STEP _____ ODE Code _____	Days per week _____
	Days per year _____

EFFECTIVE DATE: _____

The reason for this salary/position adjustment is:

This employee will be replacing: _____

Previously Budgeted Category Account Codes:	<u>FTE</u>
Fund _____ Function _____ Object _____ Center _____ Area _____	_____
Fund _____ Function _____ Object _____ Center _____ Area _____	_____
Fund _____ Function _____ Object _____ Center _____ Area _____	_____

New Budget Category Account Codes:	<u>FTE</u>
Fund _____ Function _____ Object _____ Center _____ Area _____	_____
Fund _____ Function _____ Object _____ Center _____ Area _____	_____
Fund _____ Function _____ Object _____ Center _____ Area _____	_____

Employee Signature Date

Principal/Supervisor Signature Date

Human Resource Department Signature Date

Business Department Signature Date

- _____ Original: Personnel File
- _____ CC: Payroll
- _____ CC: Supervisor
- _____ CC: Employee
- _____ CC: Web Ticket to Technology (if change in building assignment)

(Blue Paper)