

# CITY OF HAMMOND

310 E. Charles Street \* P. O. Box 2788 \* Hammond, LA 70404

## EMPLOYEE CHANGE/TRANSFER FORM

Employee Name: \_\_\_\_\_ Employee No. \_\_\_\_\_

Social Security # \_\_\_\_\_ Hire Date: \_\_\_\_\_

Current Department: \_\_\_\_\_ New Department: \_\_\_\_\_

Current Job Title: \_\_\_\_\_ New Job Title: \_\_\_\_\_

Current Position No.: \_\_\_\_\_ New Position No.: \_\_\_\_\_

Current Cost Center: \_\_\_\_\_ New Cost Center: \_\_\_\_\_

Current Pay Grade: \_\_\_\_\_ New Pay Grade: \_\_\_\_\_

Current Step: \_\_\_\_\_ New Step: \_\_\_\_\_

Reason for Change/Transfer: \_\_\_\_\_

Previous Employee: Salary \_\_\_\_\_ Pay Grade \_\_\_\_\_

Years of Service: \_\_\_\_\_

\_\_\_\_\_  
Department Head's Signature

\_\_\_\_\_  
Date

*PLEASE FORWARD TO HUMAN RESOURCES DEPT. FOR REVIEW*

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Current Salary: \_\_\_\_\_ New Salary: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Retroactive Yes/No: \_\_\_\_\_

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### Approvals:

\_\_\_\_\_  
**Human Resources Director**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Director of Administration**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Mayor**

\_\_\_\_\_  
**Date Signed**