

Human Resources Department



Promotion / Change / Transfer Form

Employee Name:	<input type="text"/>	Employee No:	<input type="text"/>
Hire Date:	<input type="text"/>		<input type="text"/>
Current Department:	<input type="text"/>	New Department:	<input type="text"/>
Current Job Title:	<input type="text"/>	New Job Title:	<input type="text"/>
Current Job Class:	<input type="text"/>	New Job Class:	<input type="text"/>
Current Position No:	<input type="text"/>	New Position No:	<input type="text"/>
Current Location:	<input type="text"/>	New Location:	<input type="text"/>
Current Cost Center:	<input type="text"/>	New Cost Center:	<input type="text"/>
Current Pay Grade/Step:	<input type="text"/>	New Pay Grade/Step:	<input type="text"/>
Current Work Hours:	<input type="text"/>	New Work Hours:	<input type="text"/>

Reason for Change/Employee Replacing:

Department Head's Signature _____ Date _____

PLEASE FORWARD TO HUMAN RESOURCES FOR REVIEW

Current Salary:	<input type="text"/>	New Salary:	<input type="text"/>
Promotion Increase:	<input type="text"/> or <input type="text"/> %	Phone Allowance:	<input type="text"/> Yes <input type="text"/> No
Effective Date:	<input type="text"/>	Retroactive:	<input type="text"/> Yes <input type="text"/> No

Approvals:	<input type="text"/>	<input type="text"/>
	Human Resource Director	Date
	<input type="text"/>	<input type="text"/>
	Director of Administration	Date

Mayor _____ Date _____

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