

# REQUEST TO TRANSFER OR INCREASE SALARY

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Department

FROM:

Fund No: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PCN: \_\_\_\_\_

Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_

Pay Grade: \_\_\_\_\_

Class Code: \_\_\_\_\_

TO:

Fund No: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PCN: \_\_\_\_\_

Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_

Pay Grade: \_\_\_\_\_

Class Code: \_\_\_\_\_

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Requested Date

**Acknowledged and Received:**

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Effective Date

## Required balances for employees transferring to a new department

Sick \_\_\_\_\_

Vacation \_\_\_\_\_

Comp Time \_\_\_\_\_

Longevity Pay \_\_\_\_\_