**Employee Transfer/Promotion**

**For regular budgeted employees: (contact Human Resources for clarification of proper documentation) Submit this form for signatures through the appropriate electronic workflow.**

[ ]  This is a Transfer [ ]  This is a promotion Effective Date:      \_\_\_\_\_\_\_\_\_\_\_\_

**Criminal Background Screenings (*Required for Designated Positions*):**

[ ]  Completed by Department [ ]  Not Required [ ]  Must be Completed by Human Resources

Employee Name       E#

Contact Name       Contact Extension

**New Position/Promotion Information**

[ ] Clerical/Support (61310)

[ ] Administrative/Professional (non-exempt) (61310)

[ ] Administrative/Professional (exempt) (61610)

Name of Department       Dept. Org. #

Box #       Employee Campus Phone #

Building Name       Room #

Index # / Percent       Salary

Position #       Position Title

Check Distribution #       Timekeeping #

Supervisor       Supervisor E#

**Comments:**