



Classified / Clerical / Secretarial

Recommendation for Transfer

After completing the top portion of this form, please either send this form or fax a copy (646-4204) to the District Human Resource Office for approval. If you fax a copy, DO NOT send the original.

Date: _____

Name: _____

SSN/Employee ID #: _____

Present Job Title: _____

Working _____ Hours Per Week

At (School or Department): _____

Location #: _____

Budget Number: _____ - _____ - _____ - _____ - _____ - _____ -000

TRANSFER TO:

Same Job Title

New Job Title: _____

Same School/Location

New School/Location: _____

Position is:

Hourly at _____ Hours Per Week

Contract

9

9-½

10

10-½

12

Position is a Shift Position:

day

afternoon

night

This is a New Position

Is Replacing: _____

SSN/Employee ID#: _____

Effective Date: _____

Budget Number: _____ - _____ - _____ - _____ - _____ - _____ -000

NOTE: All employees working twenty (20) or more hours per week shall be enrolled in the Utah State Retirement System. Forms are available in the Human Resource Office. Any change in hours worked per week must be approved by Human Resources on a classified transfer form.

Signature of Administrator or SST From The School or Department Originating This Request:

Print or type name

Signature

Approval of Funding Department:

Print or type name

Signature

Approval of Human Resources:

Signature

Date

FOR HUMAN RESOURCE USE ONLY

Job Code: _____

Salary Schedule: _____

Lane: _____

Step: _____

Salary/Wage: \$ _____

Days Worked: _____

PO #: _____