



Classified Administrative Transfer Request (CLS-F062)

Date Initiated _____

Name _____ MUNIS# _____

Current Location _____

Current Position (From) _____

New Position (To) _____

☐ Replacement ☐ Growth ☐ Program Move ☐ Other _____

If replacement, name of employee being replaced _____

If location change, new location _____

Effective Date of Transfer _____

Employee Signature

Date

Principal/Supervisor Signature

Date

Director of Classified Employment

Date

HR Only

Current PC# _____

New PC# _____

Current Grade/Step _____

Memo Sent ☐ Yes ☐ No

Date Sent _____

New Grade/Step _____

New Job Description Sent ☐ Yes ☐ No