

Administrator Administrative Transfer Request (HUM-F134)

Name _____

Current Location _____

Current Position (From) _____

New Position (To) _____

If replacement, name of employee being replaced _____

Location Change? Yes No

If Yes, new location _____

Effective Date of Transfer _____

Date employee was notified of location/position change _____

Director of Schools (Signature) Date

Chief Human Resources Officer (Signature) Date

Chief Academic Officer (Signature) Date

MUNIS ID _____ Current School _____ Position Control _____ Degree Level/Step _____ Supplements _____ Salary Amount _____ Job Class/Title _____		_____ Close Job Posting _____ Key Action _____ Transfer Letter/Memo Sent Job Description <input type="checkbox"/> Required _____ Prepared _____ Sent _____ Returned	
Location To _____ PC# _____ Job ID _____ Job Class/Title _____ Funding _____ Addt. Supp _____ Replacing _____ Effective Date _____		License # _____ Expiration _____ Endorse _____ Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Degree _____ Step _____ Annual Salary _____ Diff Pay/Supp _____ TOTAL _____	