

Voluntary Transfer/Demotion/Promotion Employee Agreement Form

The agency Human Resources office will complete Section A for employee review. The employee will review Section B and sign to indicate agreement.

Section A: Personnel Action and Position Details						
Employee Name:				PERNR:		
Effective Date:						
Type of Personnel Action: Voluntary Transfer			☐ Voluntary Demo	otion	Promotion	
	From:	To:		From:	To:	
Position #:			Cabinet:			
Job Class:			Office:			
Grade & Salary:			Department:			
Increment Date:			Division:			
Work County:			Branch:			
Hours per Week:			Section:			
Retirement Text:			Unit:			
OT Designation:			FLSA Status:			
Section B: Employee Agreement						
As a classified employee, I have reviewed the position details provided above and understand the work location, pay grade, salary and						
weekly working hours. I do hereby accept the offer indicated above and waive the right to file a grievance or appeal concerning this						
personnel action. I will report to my new workstation on the provided effective date of the action.						
Signature of Employee		Date	Signature of Appointing Authority or		Date	
			Designee (Receivin	Designee (Receiving Agency)		