Miscellaneous Transaction

Legal Name_____ Employee ID#_____

Effective Date_____ Agency_____ Unit_____ Position #_____

Title_____ Work Phone#_____

Salary $_____   Supervisor? (Y/N)_____

      *DPPAY $_____ **Fire Pay** $_____ **Other $**_____ SPECIFY_____

Shift Differential Pay?   Yes   No   Primary Shift Schedule _____

EMPLOYMENT TYPE

       REGULAR   TEMPORARY   OTHER _____

<u>CHECK ALL THAT APPLY</u>

PROMOTION (PROMO)

DEMOTION (DEMOT)

APPOINTMENT (APPTM)   Supervisor's Employee ID # _____

ADVANCEMENT (ADVAN)   Supervisor's Name _____

SALARY ADJUSTMENT (SALAJ) _____

SHIFT CHANGE (SHFCH)

SPECIALTY PAY CHANGE(SPCHG)

*specify all specialty types_____

TRANSFER   PART TIME   FULL TIME   OTHER_____

LOCATION CHANGE (LOCCH)

     PAY LOCATION_____

     WORK LOCATION_____

APPROVED

_____   _____
DIVISION MANAGER   DATE

_____   _____
DEPARTMENT HEAD/ELECTED OFFICIAL   DATE