

POSITION TRANSFER/UNIT NAME CHANGE FORM

Current Pos.# _____ New Pos# _____ FTE _____ Effective Date _____ FY _____

Current Title _____ New Title _____

Incumbent _____ Location _____ Date _____

Reason for transfer/change:

<u>FROM</u>				<u>TO</u>			
Unit Name _____				_____			
Location _____				_____			
Supervisor _____				_____			
Fund	Org	Acct	Program	Fund	Org	Acct	Program
-	-	-		-	-	-	
Transfer of Funds ¹ : Yes _____				No _____			

APPROVALS (signatures needed as appropriate)

Initiating Administrator _____ Date _____

Senior VP for Academic Affairs, Senior VP for Administrative & Fiscal Services, Senior VP for Advancement & Community Engagement, and Senior VP for Student Affairs² _____ Date _____

Budget Coordinator _____ Date _____

Chief Human Resources Officer _____ Date _____

After all parties have signed this document:

- Chief Human Resources Officer forwards the original to the Budget Office after approval.
- Chief Human Resources Officer retains one copy and sends copies to the Classification and Talent Acquisition units. If position is filled, Classification/Talent Acquisition attaches one copy with the incumbent's Personnel Action Form (PAF); both are forwarded to HRSTM Records for processing. Records does not need to be notified if vacant.
- Chief Human Resources Officer sends copy to the Office of Business Services.

If you have any questions, please contact the Budget Office at ext. 7-7292 and HRSTM at ext. 7-7206.

HR USE ONLY: Campus/Location Change Org/Dept Change Job FOAP Change

¹ If "Yes," the Budget Coordinator/SVPAFS must approve any transfer of funds involving different programs.
² If a position is transferred between SVP areas, both SVP signatures are required.