

MILES COLLEGE
5500 Myron Massey Blvd., P.O.B. 3800
Birmingham, AL 35208

NOTICE OF DEPARTMENTAL TRANSFER

DATE OF EMPLOYMENT

INSTRUCTIONS: Please complete this form in full and return to Human Resources

Employee Name: _____
LAST
FIRST
MIDDLE

Present Job Title
Department

Social Security Number
Starting Wage/Salary

Old Position/Department
New Position/Department

Full Time Regular: _____
Part Time: _____
Temporary: _____

Direct Hrly
Indirect Hrly
Salary Non-Exempt
Semi-Monthly
Monthly

Wage/Salary Recommendation: **From:** _____ **To:** _____

REASON FOR CHANGE OR TRANSFER: _____

Employee Signature: _____ **Date:** _____

APPROVALS: _____ **Date:** _____
 _____ **Date:** _____
 _____ **Date:** _____

Human Resources: _____ **Hire Date:** _____