

\_\_\_\_\_  
Employee's Legal Name                      New Position Title                      Department and Division

\_\_\_\_\_  
Probationary Period                      Work Hours per Week                      Pay Type & FLSA                      Grade & Step

\_\_\_\_\_  
Pay Rate                      Frequency                      Fund, Department and Account Number                      Type of Request

\_\_\_\_\_  
County E-mail Address                      Request Effective Date

**Current Position Information** (If applicable):

\_\_\_\_\_  
Title                      Pay Type & FLSA                      Pay Rate                      Frequency

\_\_\_\_\_  
Grade & Step

**Replacement Request** (If applicable):

Replaced Employee's Name: \_\_\_\_\_ Former Title: \_\_\_\_\_

**Additional Comments** (If applicable):

**Acknowledgements:** *I certify under penalty of perjury that the above is correct and in accordance with the County's approved budget, policies, classification and compensation plans and collective bargaining agreements.*

\_\_\_\_\_  
Department Head's Name (Print)                      Department Head's Signature                      Date

\_\_\_\_\_  
Employee's Name (Print)                      Employee's Signature                      Date

\_\_\_\_\_  
County Manager's Name (Print)                      County Manager's Signature                      Date