



PO BOX 663 • 1721 HCR 3106
HILLSBORO, TX 76645
PHONE: 254-582-0205 • FAX: 866-582-3199

EMPLOYEE CHANGE/TRANSFER FORM

Employee Name: _____ Employee No. _____

Social Security Number: _____ Hire Date: _____

Current Department: _____ New Department: _____

Current Job Title: _____ New Job Title: _____

Years of Service: _____ Current Pay: _____ New Pay: _____

Reason for Change/Transfer: _____

OFFICE USE ONLY:

VERIFY: Hire Date: _____ Current Pay: _____ New Pay: _____

Effective Date: _____

APPROVALS:

Human Resources Date

Department Representative Date

Controller Date