



Non-Faculty Internal Promotion and Transfer Approval Form

INSTRUCTIONS This form is used by Human Resources to review and approve non-faculty internal promotion or transfer at Texas A&M University. The requesting department will complete the form, attach appropriate documents and submit to Classification and Compensation. An incomplete form or missing documentation will result in return of form to the department. See [31.01.01.M7.03 Internal Promotions & Transfers of Non-Faculty Employees](#) for further detail about the procedure.

I. Request Type and Vacant Position Information

Position Request Type: <input type="checkbox"/> Internal Promotion <input type="checkbox"/> Internal Transfer	
Position Title and Title Code	Vacant Position PIN (and/or HR Tracking # if applicable)
Proposed Salary Rate <input type="checkbox"/> Per Month <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year	Funding Account(s)
Department Name and Adloc Number	<input type="checkbox"/> Budgeted, Full-time <input type="checkbox"/> Budgeted, Part-time _____ % Effort Duration of Position (if part-time, please specify percent effort)
Hiring Supervisor Name and Title	Hiring Supervisor Phone and Email
Contact Person Name and Title	Contact Person Phone and Email

II. Information about Current Employee Being Proposed for Promotion or Transfer

Employee Name	Employee UIN
Current Position Title and Title Code	Current PIN
Current Salary Rate <input type="checkbox"/> Per Month <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year	Percentage Change in Pay to Proposed Rate
Current Department Name and Adloc Number	<input type="checkbox"/> Budgeted, Full-time <input type="checkbox"/> Budgeted, Part-time _____ % Effort Duration of Position (if part-time, please specify percent effort)
Eligibility criteria for internal promotion or transfer (all applicable boxes must be checked for employee to be eligible): <input type="checkbox"/> The employee is currently employed by Texas A&M University in a budgeted position. <input type="checkbox"/> The employee meets the required education, experience and other qualifications for the proposed internal promotion or transfer. <input type="checkbox"/> The employee has been employed in current position for at least three months. <input type="checkbox"/> The employee has a satisfactory record of performance. (Applies to internal promotion only.)	
Justification for Action (Explain why the position is proposed to be filled by promotion or transfer in lieu of a notice of vacancy. Explain how the proposed salary was determined. Additional documentation may be attached if needed.)	

III. Required Documents for Review (Submit with Form)

<p>Please submit the following documents with this form for review:</p> <input type="checkbox"/> Resume or document with work experience. <input type="checkbox"/> Copy of the vacant position description. <input type="checkbox"/> Signed Verification of Degree(s) and/or Licensure Release Form, if position requires a degree and/or licensure and candidate claims to have a degree and/or licensure. If the candidate does not have a degree and/or licensure, no verification of degree and/or licensure form is needed. Do not send through email. <input type="checkbox"/> Criminal Background Check Request Form has been sent to Recruitment and Workforce Planning. [Note: Does not need to be attached to this form.] <input type="checkbox"/> Authorization to Fill Request Form , if position is located in a Non-Academic Unit (See Non-Faculty Hiring Authorization Process)
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I recommend the employee above for internal promotion or transfer and have verified eligibility criteria and proper procedures for such request as provided in applicable System Regulations, University Rules and Standard Administrative Procedure 31.01.01.M7.03.

Supervisor/Manager Signature _____

Date _____

IV. Hiring Department Approval and Other Routing

Signature of Department/Unit Head or Designee	
Printed Name and Title	Date
Signature of Dean or Other Routing to VP (if applicable)	
Printed Name and Title	Date

<p>COMPLETE STEPS I-IV AND SUBMIT FORM TO: Classification and Compensation General Services Complex, Suite 1201, MS 1255 Email hrcomp@tamu.edu Fax (979) 847-8877</p>	<p>NEED HELP? Classification and Compensation Phone (979) 845-4170 Email hrcomp@tamu.edu</p>
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V. HR Classification and Compensation Review

HR Date Received: _____

Review Completed by (print name and title):	
<input type="checkbox"/> Approve as Requested <input type="checkbox"/> Approve with Changes <input type="checkbox"/> Not Approved	
HR Approved Pay Rate:	HR Tracking Number:
Comments:	
Criminal Background Check Completion Date	
Signature of Classification and Compensation Approver	
Printed Name and Title	Date

HR NOTE: Following the HR review above, if the request is approved, Classification and Compensation will notify the contact person and submit the form to the Vice President or Provost or President of the requesting department. If the form is not approved, Classification and Compensation will notify the contact person and return the original form back to the department.

VI. Vice President or Provost or President Approval

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Comments:	
Signature of Vice President or Provost or President	
Printed Name and Title	Date

VP NOTE: Following completion of review and signatures, the Vice President or Provost or President will notify and return the approved or not approved form to the original requesting department contact person and send a copy to Classification and Compensation. The contact person (or staff responsible for EPA processing) will submit the approved form to Payroll Services in General Services Complex, Suite 1201, MS 1261 or email payrollprocessing@tamu.edu or fax (979) 845-4134 or attach to the EPA.