



**Request for Promotion or Transfer (Not Through Requisitions)
Staff and Temporary/Casual Positions Only**

Employee Name _____	Employee UIN _____
Current Supervisor _____	Department _____
Current Position ID (PIN) & Job Profile _____	Current Monthly/Hourly Rate _____
Proposed Job Profile _____	Proposed Monthly/Hourly Rate _____
Proposed Business Title _____	Costing Allocation _____
Proposed Effective Date _____	

- Yes No Will the employee stay in the same pin? *If No, list new PIN and job profile* _____
- Yes No Will the employee's supervisor change? *If Yes, list new supervisor* _____
- Yes No If the employee is currently a supervisor, will their subordinates move with them?
- Yes No Does a new supervisory organization need to be created in Workday? *If Yes, attach proposed organizational chart.*
- Yes No Has the employee been in their current position for 3 or more months? *If No, approval from the University President or designee is required.*

Required Attachments (If applicable)

Proposed Organizational Chart Signed 3-month Exception Memo

Internal Justification for Action (1000 character limit below - attach additional pages if needed)

Approval and Review Signatures

By signing below, the individual attests that the information on this form is accurate and in compliance with University rules, procedures, and guidelines. If approvals and/or reviews are obtained outside of this form, list the approver/reviewer's name under the applicable Print Name line and indicated see attached. As a reminder, additional actions will be needed in Workday.

Current or New Supervisor	_____	_____	_____
	Print Name	Signature	Date
Department Head Approval	_____	_____	_____
	Print Name	Signature	Date
HROE HUB Review	_____	_____	_____
	Print Name	Signature	Date
Finance Review	_____	_____	_____
	Print Name	Signature	Date
Dean/Vice President Approval (or designee) as needed	_____	_____	_____
	Print Name	Signature	Date
VP-HROE/VP-R Approval (or designee) as needed	_____	_____	_____
	Print Name	Signature	Date
Executive VP and Provost (or designee) as needed	_____	_____	_____
	Print Name	Signature	Date
Additional Approval (as needed)	_____	_____	_____
	Print Name	Signature	Date