



Employee Change of Department Form

SIDE 1 - Sending department fills out for **ALL** employees and sends original to new department.
IMPORTANT: If employee is going to SFUSD, sending department must fill out Side 2 also.

To _____ (New department name) (Department ID) From _____ (Sending department name) (Department ID)

Employee Name _____ Employee ID _____

Service Information

Current Job Class: No./Title _____ Hrly rate _____ Step _____
PCS TLT PEX TEX

If employee receives acting assignment or supervisory differential: Hrly rate _____

Prior Job Class: No./Title _____ Hrly rate _____ Step _____
PCS TLT PEX TEX

If Provisional (PV): Current calendar YTD paid hours _____ PV service dates: from _____ to _____

Last day employed by sending department _____

Paid Leave Information

Comp time balance _____ hours* as of _____ (date)

In-lieu holiday balance _____ hours as of _____ (date)

Floating holiday balance _____ hours/days as of _____ (date)
dates used _____

Furlough FH balance _____ hours/days as of _____ (date)
dates used _____

Admin leave balance _____ hours as of _____ (date)
dates used _____

Executive leave balance _____ hours/days as of _____ (date)
dates used _____

Educational leave balance _____ hours as of _____ (date)

Longevity leave balance _____ hours as of _____ (date)

Military leave balance _____ hours as of _____ (date)

If on leave from perm. class: Class No./Title _____

Next merit increase date _____ Step _____

Outstanding Pay Adjustments and Banked Vacation Information

Check the box(es) that are applicable:

Employee has outstanding pay adjustment(s).
(Attach Problem Description Form and any other supporting documentation.)

Employee is a former State Port employee.
(Attach Notification of Initial Vacation Hours Banked and any Vacation Hours Banking Forms, Report 121.)

Prepared by _____ Date _____ Phone _____

Approved by _____ Date _____

Employee's signature** _____ Date _____

Appointing Officer's Signature _____ Date _____

*Subject to approval by receiving department.

**If employee is unavailable for signing, verify balances with employee verbally.

Paid Leave Information

SP balance _____ hours days as of _____ (date)
Vested SP balance _____ hours days as of _____ (date)
VA balance _____ hours days as of _____ (date)
Vacation anniv. date _____ Sick pay anniv. date _____

Vacation accrued from anniversary date to last day in former dept. _____
SP accrued from anniversary date to last day in former dept. _____

Is employee paying full FICA (OASDI and Medicare)? Yes No
Is employee paying Medicare only? Yes No
Are employee's wages currently being garnished? Yes No

Employee please read and sign below:

I understand that because Federal and State agencies consider the Unified School District to be a different employer from other City departments, the amount of any OASDI, Medicare and State Disability Insurance deducted this year will not be applied toward my yearly maximum deductions. Instead, any OASDI, Medicare and State Disability Insurance deductions will start over for the year in my new department.

I understand that if I wish to continue any voluntary payroll deductions in my new department, I will have to initiate these deductions again by contacting the appropriate deduction organization(s).

The above paid leave and deduction information is correct to my knowledge.

Employee's signature _____