

THE CITY OF ANDERSON, SOUTH CAROLINA

PERSONNEL DEPARTMENT

PROMOTION/TRANSFER AUTHORIZATION

Please Process The Following: (Please Check One)

Promotion ☐ or Transfer ☐ or Demotion ☐ or **TEMPORARY PAY INCREASE** ☐

Name _____ (CDL) Commercial Driver's License

Date of Promotion/Transfer _____

Change The Following:

Check All That Apply:		From:	To:
<input type="checkbox"/>	Department		
<input type="checkbox"/>	Job Title		
<input type="checkbox"/>	Job Status (Rate, Hours)		

Pay Change:

Yes ☐ No ☐

If Yes, Select One:

☐ Minimum

☐ Minimum + 5%

☐ Other (Please Explain) _____

DEPARTMENT HEAD SIGNATURE

DATE

DIVISION HEAD SIGNATURE

DATE