



TOWN OF EDGARTOWN
Internal Employee Transfer/Promotion Form

Please Attach Employee Letter of Acceptance

New Position; check the applicable:

Acting/Interim

Permanent Promotion

Transfer

Term: _____ to _____

Management/Department Head: Y or N

Other Explanation: _____

Department: _____

Position: _____

Proposed Hourly Rate: _____

Department Supervisor: _____

Authorized Signature: _____ Date: _____

Employee Name:

Original Hire Date:

Current Position:

Department:

Hourly Salary:

Reason for Change in Employment Status: _____

Personnel By-law 7-6. Working Out of Grade.

"Employees working out of grade or temporarily assigned to a higher grade shall after actively working two consecutive weeks in said higher grade, be entitled to receive the salary of the higher grade at Step one or at the step higher and closest to the employee's current wage, whichever is higher."

"The two weeks shall be exclusive of sick leave or vacation leave. An employee shall have the right, without fear of discrimination, to refuse permanent assignment to a higher job grade"

To be completed by Human Resources

Reason Position Vacated: _____ Date Vacated: _____

Comments: _____

Personnel Board: _____ Date: _____