

**Personnel Action Form
Internal Transfer**

**Town of Edgartown, Massachusetts
Human Resource Department**



Form last reviewed: 06/23/2024

Employee Name: _____ Employee #: _____

Current Department: _____ Current Position Title: _____

Current Salary Grade: _____ Current Step: _____ Current Hourly Rate: _____

Current Hours/Week: _____ Current Workdays/Week: _____ Current Hours/Day: _____

Internal Transfer: _____ Working Out of Grade: _____

New Department: _____ New Position Title: _____

New Salary Grade: _____ New Step: _____ New Hourly Rate: _____

New Hours/Week: _____ New Workdays/Week: _____ New Hours/Day: _____

Effective Date: _____ End Date, if temporary: _____

Department Head / Appointing Authority

Date

TO BE COMPLETED BY HUMAN RESOURCE DEPARTMENT

Date of Probationary Review: _____ Next Annual Review: _____

Human Resource Director

Date