

Mississippi Valley State University
Office of Human Resources

INTERNAL TRANSFER / PROMOTION RECOMMENDATION FORM

DATE: _____

EMPLOYEE INFORMATION

Employee ID#: _____

Last Name: _____

First Name: _____

Middle Initial: _____

Cellular Phone: () _____

Campus Phone: () _____

Email Address: _____

MVSU EMPLOYMENT INFORMATION

Current Position and Department: _____

Start Date: ____/____/____ Current Pay: \$ _____

Transfer/Promotion Position and Department: _____

Expected Start Date: ____/____/____ Expected Pay: \$ _____

The start date for a new position must be consistent with University provided New Hire Orientation dates. The hiring department must provide a 30-day notice to the employee's current department head. Signing below verifies an agreed upon start date.

EDUCATIONAL INFORMATION

Highest Level of Education Completed: ☐ High School Diploma ☐ GED ☐ Vocational/Technical Certification ☐ Associate Degree
☐ Bachelors Degree ☐ Masters Degree ☐ Doctoral Degree

Major Field of Study: _____

Date Degree Conferred: ____/____/____

CONDITIONS OF CONTINUED EMPLOYMENT

In submitting this form, the employee may be subject to a new background investigation. The employee must have been in current position for at least 12 months along with having a satisfactory performance evaluation. The employee must also begin a new probationary period of six (6) months in the new position.

REQUIRED SIGNATURES

New Area Department Head

Date

Current Area Department Head

Date

New Area Executive Cabinet Member

Date

Current Area Executive Cabinet Member

Date

Director of Human Resources

Date

President

Date