



BUREAU OF HUMAN RESOURCES ACKNOWLEDGEMENT AND AGREEMENT FORM

EMPLOYEE NAME: _____

SSN: _____

This Acknowledgement form is for (Please check one):

- | | | |
|---|--|--|
| <input type="checkbox"/> New Appointment | <input type="checkbox"/> Bureau or Division Transfer | <input type="checkbox"/> Duty Station Transfer |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Non-Disciplinary Demotion | <input type="checkbox"/> Disciplinary Demotion |
| <input type="checkbox"/> Reallocation | <input type="checkbox"/> Detail | <input type="checkbox"/> Merit Increase |
| <input type="checkbox"/> Class Reassignment | <input type="checkbox"/> Step Increase | <input type="checkbox"/> Correction |
| <input type="checkbox"/> Other: _____ | | |

New Appointment	Position Title	
	Pay Level and Step	
	Bi-weekly Official Base Salary	
	Differential(s) (if applicable)	
	Duty Station	
	Type of Position	
Transfer / Promotion/Demotion/Non-Disciplinary Demotion/Increase/Reallocation/Detail/Correction	FROM	
	Current Bureau/Division	
	Current Position Title	
	Current Pay Level and Step	
	Current Bi-weekly Official Base Salary	
	Current Differential(s) if applicable	
	Current Duty Station	
	Current Type of Position	
	TO	
	New Bureau/Division	
	New Position Title	
	New Pay Level and Step	
	New Bi-Weekly Official Base Salary	
	New Differential(s) if applicable	
	New Duty Station	
New Type of Position		

For NEW HIRES: By signing below, I acknowledge that I accept the position and salary stated above.

For OTHERS: By signing below, I acknowledge the changes to my position, salary, and/or other changes stated above.

Employee (Print & Sign)

Date

Department Head (Print & Sign)

Date

Director, Bureau of Human Resources

Date