

**MISSISSIPPI DEPARTMENT OF EDUCATION
EMPLOYMENT, PROMOTION OR TRANSFER REQUEST**

CHECK ONE: Employ Promote Transfer

Pin# _____ OCCU TITLE: _____ OCCU CODE: _____

Type position: Perm. FT Perm. PT TL/FT TL/PT

SDE

FUNDING SOURCE

AGENCY CODE: _____ PROGRAM NAME: _____

ACCOUNT CODE: _____ REPORTING CATEGORY: _____ ACTIVITY CODE: _____

ORGANIZATIONAL CODE: _____ SUB ORG CODE: _____

APPLICANT'S NAME _____

DATE OF BIRTH: _____ RACE: _____ SEX: _____

REQUESTED DATE OF ACTION: _____

IF PROMOTION/TRANSFER: PRESENT PIN#: _____

PRESENT OCCU TITLE: _____

PRESENT YEARLY SALARY: \$ _____ PER YR. _____

REQUESTED YEARLY SALARY: \$ _____ PER YR. _____

RECOMMENDED BY

BUREAU DIRECTOR/MANAGER _____ DATE: _____

OFFICE/ BUREAU NAME: _____

DEPUTY SUPERINTENDENT: _____ DATE: _____

BUDGET OFFICE APPROVAL

BUDGET PERSONNEL: _____ DATE: _____

YEARLY SALARY AUTHORIZED: _____ AUTHORIZED EFFECTIVE DATE: _____

APPROVED BY

STATE SUPERINTENDENT/DEPUTY SUPERINTENDENT: _____ DATE: _____

ACTION BY HUMAN RESOURCES:

Copy of P-2 sent to:

Payroll _____

Budget _____

Assoc. Supt _____

MIS _____

Bureau Director _____