

Reassignment (Transfer) ISR

® = required field

Begin date:	®-----	Department
Action Reason:	®-----	Department
01 Promotion		
02 Demotion		
03 Lateral		
First name:	®-----	Department
Last name:	®-----	Department
SSN: -	® HR/NR_____	
Birth date: -	® HR/NR_____	
Gender: -	® HR/NR_____	
Nationality: -	® HR/NR_____	
Resident status:-	® HR/NR_____	
Ethnic origin: -	® HR/NR_____	
Address:	®-----	Department
City:	®-----	Department
State, Zip Code:	®-----	Department
Country:	®-----	Department
Telephone #:	®-----	Department
Position #:	®-----	Department
Personnel Administrator #:	®-----	Department
(Personnel Admin: go to http://ssc.jhmi.edu/ click on payroll and mail code to find number)		
PS level (PG):	®-----	Department
Hourly Rate:	®-----	Department
Work Hours: (# per week)	®-----	Department
Cost Center:	®-----	Department

Comments

PACE Nurses only - The primary rate is indicated in the hourly rate. The additional rate indicators for the scheduled chosen by the employee will be indicated in comment area.
(i.e. PACE Shift A and PACE Wed Code 1).