

Form P-2
Rev. 3/18

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 _____ Months _____ Hours _____

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 _____