



## BUREAU OF PUBLIC SERVICE SYSTEM 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: _____       |  |  |

|  |  |  |
|--|--|--|
| <b>New Appointment</b>   | Position Title                         |  |
|  | Pay Level and Step                     |  |
|  | Bi-weekly Official Base Salary         |  |
|  | Differential(s) (if applicable)        |  |
|  | Duty Station                           |  |
|  | Type of Position                       |  |
| <b>Transfer / Promotion/Demotion/Non-Disciplinary Demotion/Increase/Reallocation/Detail/Correction</b> | <b>FROM</b>                            |  |
|  | 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               |  |
|  | <b>TO</b>                              |  |
|  | 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 Public Service System

\_\_\_\_\_  
Date