

# Internal Transfer Compensation Revision Notice

Employee Name:

Enter employee name

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Employee ID:

Enter employee ID

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Current Department:

Current department

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New Department:

New department

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Effective Date:

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Previous Compensation:

e.g., \$XX,XXX per annum

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Revised Compensation:

e.g., \$XX,XXX per annum

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Comments/Remarks:

Add any additional comments

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By signing below, you acknowledge the revised terms of compensation as a result of your internal transfer, effective as of the date mentioned above.

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Employee Signature

Date:

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HR Representative

Date: