

Internal Transfer Compensation Revision Notice

Employee Name:

Enter employee name

Employee ID:

Enter employee ID

Current Department:

Current department

New Department:

New department

Effective Date:

Previous Compensation:

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

Revised Compensation:

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

Comments/Remarks:

Add any additional comments

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

Employee Signature

Date:

HR Representative

Date: