## DEPARTMENT OF EDUCATION GOVERNMENT OF GUAM PERSONNEL SERVICES DIVISION

P.O. Box DE, Hagatna, Guam 96932

Tel: 475-0495

## REQUEST FOR PERSONNEL ACTION

Employee's Name:	Date:
Position Title:	SS#:
School/Division:	
NATURE OF ACTION	
Reclassification/Pay Adjustment Change of Name Conversion *Transfer Request (Non-instructional P Other (Specify):	
From:	
To:	
Effective Date:	· · · · · · · · · · · · · · · · · · ·
Reason:	g.
Employee's Signature:	
Acknowledged	
	Date:
Signature of Principal/Division Head	
*Non-instructional transfer request endorseme Principal/Division Head.	nt from prospective receiving
<ul><li>Approved</li><li>Disapproved</li></ul>	
	Date:
Signature of Principal/Division Head	
Revised 9/25/98 (aspensaci.frm/LSNR/disk #02)	