**DHMH TRANSACTION REQUEST FORM**

**Transaction Type: (Please select one)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *BMO approval is required prior to submission to OHR for:* | | | | |
|  | | 🞎 New PIN | 🞎 Abolishment Request | 🞎 Transfer of Positions\* | 🞎 Fund Change |
|  | *BMO pre-approval is not required for ( form must be sent to HR for processing, HR will send to BMO for information purposes):* | | | | |
|  | | 🞎 PCA Switch | 🞎 Reclass | 🞎 Acting Capacity Pay |  |

***\*Requires initiating documentation, e.g. memo or email from original source who requested the transaction.***

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| --- | --- | --- | --- |
| **PIN:** |  | **Transaction Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Current** | | |  | **Proposed** | | |
| **Administration/Approp:** | Example: Medical Care Programs Administration/M00Q01.04 | | |  |  | | |
| **Cost Center:** | Example: 321701004405 | | |  |  | | |
| **Sub-Program Code/PCA:** | Example: T405/T405G & T405F | | |  |  | | |
| **Fund %:** | Example: 50% GF, 50% FF (Medicaid) | | |  |  | | |
| **Classification:** | Example: Administrator VII | | |  |  | | |
| **Working Title:** | Example: Chief of Staff | | |  |  | | |
| **Salary:** | Example: $57,929 | | |  |  | | |
| **Grade/Step:** | Example: 18 | / | Example: 4 |  |  | / |  |
| **Retirement Code System:** | Example: 22 | | |  |  | | |
| **Supervisor Name (W#):** | Example: Dr. Sally Smith (W1099999) | | |  |  | | |

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|  |  |
| **Unit Fiscal Officer\* Date** |  |

***\*Unit Fiscal Officer Signature is required for all transactions.***

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| ***For PIN Transfers only:*** | | | | |
|  |  |  |  |  |
| **Unit Fiscal Officer (Transferring)** | **Date** |  | **Unit Fiscal Officer (Receiving)** | **Date** |
|  |  |  |  |  |
| **Deputy Secretary (Transferring)** | **Date** |  | **Deputy Secretary (Receiving)** | **Date** |
|  |  |  |  |  |
| **Budget Management Analyst** | **Date** |  | **Chief Financial Officer** | **Date** |
|  |  |  |  |  |
| **Secretary** | **Date** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Management Office\*** | |  | **Completed by Office of Human Resources** | |
|  |  |  |  |  |
| **Budget Management Analyst** | **Date** |  | **Office of Human Resources Official** | **Date** |
|  |  |  |  |  |
| **Chief Financial Officer** | **Date** |  | **Office of Human Resources Director** | **Date** |

**cc: Official Personnel File, BMO PIN Tracker File**