

**Lt. Governor's Office
Personnel / Budget Action Request**

Employee Name **Personnel No.**

Action **Effective Date**

Re-Up Date (if applicable)

	Current	New
Position No. / Type	<input type="text"/>	<input type="text"/>
Class Code / Band	UA40 Admin- Lt. Gov	UA40 Admin- Lt. Gov
Class Title	Admin- Lt. Gov	Admin- Lt. Gov

Supervisor Name

Hours Per Week

Salary

\$ / % Increase

Separation Reason

Is New Employment with SC State Government?

New Agency (if applicable)

Justification/Comments

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Cost Center	Fund	Func. Area	Grant	Pct. Time	Pct. Fed/St/Oth	Percentage
E040000010	10010000	E040_1H00	Not Relevant	100%	100.00%	100.00%
						0.00%
						0.00%
						0.00%
						0.00%
						0.00%
						0.00%
						0.00%
						0.00%
						0.00%
						0.00%
						0.00%

Lt. Gov/Chief of Staff: _____

Date: _____

Director: _____

Date: _____

Supervisor: _____

Date: _____

Budget Manager: *Ant R. R.*

Date: *7-5-18*

09-21-2017