



Transfer Request

Employee Name: Ethan Ellefson

Date: 1/27/15

Current Shift/Dept.: 2 N Prod (Hormel)

Shift Requesting: 2 N QA Tech

Reason: _____

Date of Requested Transfer: 2-2-15

Office Use Only

Attendance: Great

Work Performance: Has not had a PR yet

Available Opening: yes

CMG Approval: Kelby Oshill

Operations Manager Approval: Abdumouche Kendra Junt

Work Restrictions: NA

Current Wage: 9⁵⁰ New Wage: 12⁰⁰

Hire Date: 1/13/15

Payroll/Status Change Notice

Employment Agency

Effective Date: ____/____/____

Employee: _____ ESN: _____ PPA: _____ PPR: _____

Department: _____

Change(s)	From		To (or New Hire)	
	Salary/Wage	Per	Salary/Wage	Per
Other	\$	Per	\$	Per

Reason For Change(s)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Merit Increase | <input type="checkbox"/> Rehired |
| <input type="checkbox"/> Dept. Transfer | <input type="checkbox"/> Probation Complete | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Promotion | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Layoff | <input type="checkbox"/> Reevaluation | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Other | | |

Leave of Absence

- | | | |
|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Medical | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Military | <input type="checkbox"/> Family Leave | |
| <input type="checkbox"/> Other | | |

Comments: _____

Office Use Only:

Last 3 Pay Increase (Date, From/To Amount, & Reason):

Date: ____/____/____ From: \$ ____ To: \$ ____ Reason: _____
 Date: ____/____/____ From: \$ ____ To: \$ ____ Reason: _____
 Date: ____/____/____ From: \$ ____ To: \$ ____ Reason: _____

Change Authorized By: ____/____/____ Date: ____/____/____

Change Approved By RF: ____/____/____ Date: ____/____/____

Change Approved By Agency: ____/____/____ Date: ____/____/____

Payroll/Status Change Notice

Employment Agency

Effective Date: ____/____/____

Employee: _____ ESN: _____ PPA: _____ PPR: _____

Department: _____

Change(s)	From		To (or New Hire)	
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Reason For Change(s)

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Leave of Absence

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| <input type="checkbox"/> Military | <input type="checkbox"/> Family Leave | |
| <input type="checkbox"/> Other | | |

Comments: _____

Office Use Only:

Last 3 Pay Increase (Date and From/To Amount):

Date: ____/____/____ From: \$ ____ To: \$ ____ Reason: _____
 Date: ____/____/____ From: \$ ____ To: \$ ____ Reason: _____
 Date: ____/____/____ From: \$ ____ To: \$ ____ Reason: _____

Change Authorized By: ____/____/____ Date: ____/____/____

Change Approved By RF: ____/____/____ Date: ____/____/____

Change Approved By Agency: ____/____/____ Date: ____/____/____