CMG

Transfer Request

Employee Name: _Abdi Olol_

Date: _4/6/15_

Current Shift/Dept.: _2 DC_

Shift Requesting: _2 n_

Reason: _____

Date of Requested Transfer: _4/6/15_

Office Use Only

Attendance: _Great_

Work Performance: _PR on 7/9/14 score 4.57_

Available Opening: _yes_

CMG Approval: _Kelsey Adill_

Operations Manager Approval: _M Schumach_

Work Restrictions: _N/A_

Current Wage: _$12 00_   New Wage: _$10 00_

Hire Date: _6/26/13_

09/2011

Payroll/Status Change Notice — Employment Agency

Form 1 (blank)

Effective Date ___ / ___ / ___

Employee _____
Last / First / Middle

Department _____

Change(s)

	From			To (or New Hire)	
Salary/Wage	$___	Per ___	$___	Per ___	
Other	$___	Per ___	$___	Per ___	

Reason For Change(s)

- ☐ Demotion
- ☐ Dept. Transfer
- ☐ New Hire
- ☐ Layoff
- ☐ Other

- ☐ Merit Increase
- ☐ Probation Complete
- ☐ Promotion
- ☐ Reevaluation

- ☐ Rehired
- ☐ Resignation
- ☐ Retirement
- ☐ Transfer

Leave of Absence

- ☐ Educational
- ☐ Military
- ☐ Other

- ☐ Medical
- ☐ Family Leave

- ☐ Personal

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: ___ / ___ / ___

Form 2 (filled)

Effective Date 4/07/15

Employee 0101   Abdi   CMG
Last / First / Middle

Department _____

Change(s)

	From			To (or New Hire)	
Salary/Wage (circled)	$12	Per hr	$10 –	Per hr	
Other	$___	Per ___	$___	Per ___	

Reason For Change(s)

- ☐ Demotion
- ☐ Dept. Transfer
- ☐ New Hire
- ☐ Layoff
- ☐ Other   Moved from WRHS South to Production North Plant

- ☐ Merit Increase
- ☐ Probation Complete
- ☐ Promotion
- ☐ Reevaluation

- ☐ Rehired
- ☐ Resignation
- ☐ Retirement
- ☒ Transfer

Leave of Absence

- ☐ Educational
- ☐ Military
- ☐ Other

- ☐ Medical
- ☐ Family Leave

- ☐ Personal

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: _(signature)_ Date: 4/7/15
Change Approved By RF: _____ Date: ___ / ___ / ___
Change Approved By Agency: _____ Date: ___ / ___ / ___