



Transfer Request

Employee Name: Joseph Montanosas

Date: 4/9/15

Current Shift/Dept.: 2 Production

Shift Requesting: 2 Simulation

Reason: _____

Date of Requested Transfer: _____

Office Use Only

Attendance: Great

Work Performance: PR on 1/15/15 score 4.42

Available Opening: YLO

CMG Approval: Kelsey Adick

Operations Manager Approval: _____

Work Restrictions: N/A

Current Wage: 11.18 New Wage: _____

Hire Date: 1/9/12

Payroll/Status Employment Agency Change Notice

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)

- | | | |
|---|---|--------------------------------------|
| <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 Employment Agency Change Notice

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)

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Leave of Absence

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| <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 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: _____ / _____ / _____