



Transfer Request

Employee Name: Dara Meas

Date: 4/22/15

Current Shift/Dept.: 1st GMP

Shift Requesting: 2nd QA

Reason: _____

Date of Requested Transfer: _____

Office Use Only

Attendance: Good

Work Performance: has not had PR yet

Available Opening: yes

CMG Approval: Kelany Adell

Operations Manager Approval: _____

Work Restrictions: W/A

Current Wage: 10.00 New Wage: _____

Hire Date: 1/19/15

Payroll/Status Change Notice

Employment Agency

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: ____/____/____

Payroll/Status Change Notice

Employment Agency

Effective Date: ____/____/____

Employee Last: _____ First: _____ Middle: _____

Department: _____

Change(s)	From	To (or New Hire)
Salary/Wage	\$_____ Per _____	\$_____ Per _____
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Reason For Change(s)

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Leave of Absence

- Educational
- Military
- Other
- Medical
- Family Leave
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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: ____/____/____