



Transfer Request

Employee Name: Robert Vincek

Date: 5/13/15

Current Shift/Dept.: 2nd mv

Shift Requesting: 2nd DC/Plant

Reason: _____

Date of Requested Transfer: ~~5/13/15~~ 5/18/15

Office Use Only

Attendance: Great

Work Performance: PR not done yet

Available Opening: yes

CMG Approval: Kelsey Adhikari

Operations Manager Approval: _____

Work Restrictions: N/A

Current Wage: 9.50 New Wage: _____

Hire Date: 4/23/15

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
- Retired
- 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 _____
Other	\$ _____ Per _____	\$ _____ Per _____

Reason For Change(s)

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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: _____ Date: ____/____/____

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

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