



Transfer Request

Employee Name: Maria Le

Date: 6/4/15

Current Shift/Dept.: 2nd MW

Shift Requesting: 1st North

Reason: _____

Date of Requested Transfer: _____

Office Use Only

Attendance: Great

Work Performance: PR on 3/24/15 score 4.86

Available Opening: yes

CMG Approval: Kelley Aditi

Operations Manager Approval: _____

Work Restrictions: NA

Current Wage: 9.83 New Wage: _____

Hire Date: 12/22/14

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
- Merit Increase
- Rehire
- Dept. Transfer
- Probation Complete
- Resignation
- New Hire
- Promotion
- Retirement
- Layoff
- Reevaluation
- Transfer
- Other

Leave of Absence

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