



Transfer Request

Employee Name: Deborah Hester

Date: 6-4-15

Current Shift/Dept.: 1st south

Shift Requesting: 1st North

Reason: I Like it there

Date of Requested Transfer: 6-8-15

Office Use Only

Attendance: _____

Work Performance: _____

Available Opening: _____

CMG Approval: _____

Operations Manager Approval: _____

Work Restrictions: _____

Current Wage: _____ New Wage: _____

Hire 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)

- 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 Employment Agency Change Notice

Effective Date ____/____/____

Employee Last _____ First _____ Middle _____

Department _____

Change(s)

	From	To (or New Hire)
Salary/ Wage	\$ _____ Per _____	\$ _____ Per _____
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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: ____/____/____