



Transfer Request

Employee Name: MASIM BAROK

Date: 9/1/2015

Current Shift/Dept.: 1st shift

Shift Requesting: 2nd shift south plant

Reason: Wife is working first shift - Needs second shift to take care of kids

Date of Requested Transfer: 9/1/2015

Office Use Only

Attendance: Great

Work Performance: PR not done yet

Available Opening: YD

CMG Approval: Fahmy Adhik

Operations Manager Approval: Mohammed

Work Restrictions: N/A

Current Wage: 9.50 New Wage: N/A U

Hire Date: 7/21/15

Payroll/Status Employment Agency Change Notice

Effective Date _____

Employee Last _____ First _____ Middle _____

Department _____

	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 _____

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

Reason For Change(s)

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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: _____/_____/____