



Transfer Request

Employee Name: Mama Toure

Date: 9/30/15

Current Shift/Dept.: 1st nu

Shift Requesting: 2nd nu

Reason: son is ill

Date of Requested Transfer: 10-05-15

Office Use Only

Attendance: Great

Work Performance: No work performance Review

Available Opening: _____

CMG Approval: Kelsey A. Hill

Operations Manager Approval: M. M. M. M.

Work Restrictions: NA

Current Wage: 9.50 New Wage: no pay change

Hire Date: 9/28/15

Payroll/Status Employment Agency Change Notice

Effective Date: ____/____/____

Employee: Last: _____ First: _____ Middle: _____

Department: _____

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

Reason For Change(s)

- Demotion
- Dept. Transfer
- New Hire
- Layoff
- Other
- Merit Increase
- Probation Complete
- Promotion
- Reevaluation
- Rehire
- 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	Salary/ Wage	Per
Other	\$	Per	\$	Per

Reason For Change(s)

- Demotion
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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: ____/____/____