



## Transfer Request

Employee Name: Abdi Noor

Date: 10/26/15

Current Shift/Dept.: 2nd shift

Shift Requesting: 2nd shift

Reason: Kids

Date of Requested Transfer: \_\_\_\_\_

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Office Use Only

Attendance: Perfect

Work Performance: PR not done yet

Available Opening: yes

CMG Approval: Kelley Adhikari

Operations Manager Approval: \_\_\_\_\_

Work Restrictions: N/A

Current Wage: 11.00 New Wage: \_\_\_\_\_

Hire Date: 8/19/15

# 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
- 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 Change Notice

# Employment Agency

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_