



Transfer Request

Employee Name: Debra Adebayo

Date: 12-17-15

Current Shift/Dept.: 1st

Shift Requesting: 1st

Reason: closer to home

Date of Requested Transfer: soon as possible

Office Use Only

Attendance: Good

Work Performance: PR on 11/3/15 score 4.71

Available Opening: _____

CMG Approval: [Signature]

Operations Manager Approval: [Signature]

Work Restrictions: W/A

Current Wage: 16.74 New Wage: N/A

Hire Date: 10/30/00

[Handwritten mark]

Payroll/Status Change Notice

Employment Agency

Effective Date 12, 18, 15

Employee Alebayo Debra Last First Middle Teran

Department _____

Changes(s)	From		To (or New Hire)	
	Salary/ Wage	Per	Salary/ Wage	Per
	\$ 16.74	Per hr	\$ 16.74	Per hr
Other	\$	Per	\$	Per

Reason For Change(s)

- Demotion
- Dept. Transfer
- New Hire
- Layoff
- Other
- Merit Increase
- Probation Complete
- Promotion
- Reevaluation
- Retired
- 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

Department _____

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

Reason For Change(s)

- Demotion
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Leave of Absence

- Educational
- Military
- Other
- Medical
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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: _____