



Transfer Request

Employee Name: Dung Trieu

Date: 01/20/16

Current Shift/Dept.: 2nd Shift

Shift Requesting: 1st Shift

Reason: School

Date of Requested Transfer: _____

Office Use Only

Attendance: Great

Work Performance: PR score 10/27/15 5.0

Available Opening: _____

CMG Approval: Kelsey Adkins

Operations Manager Approval: _____

Work Restrictions: N/A

Current Wage: 12.42 New Wage: _____

Hire Date: 10/19/10

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)

- | | | |
|---|---|--------------------------------------|
| <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 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)

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|---|---|--------------------------------------|
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Leave of Absence

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|--------------------------------------|---------------------------------------|-----------------------------------|
| <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 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: ____/____/____