



Transfer Request

Employee Name: Javier Dominguez

Date: 1/28/16

Current Shift/Dept.: 18⁺ T

Shift Requesting: 18⁺ DC

Reason: _____

Date of Requested Transfer: 2-15-16

Office Use Only

Attendance: Was on a final on 1/18/16.

Work Performance: PR on 1/4/16 score 4.57

Available Opening: YD

CMG Approval: Kelsey Adell

Operations Manager Approval: M Schmauber

Work Restrictions: NA

Current Wage: 11.39 New Wage: \$12.00/hr

Hire Date: 9/28/15

Payroll/Status Change Notice **Employment Agency**
CMG

Effective Date 2, 15, 16

Employee Dominique Swick
 Last First Middle

Department PRODUCTION TO WARE

Changes(s)	From		To (or New Hire)	
	Per	Per	Per	Per
<input checked="" type="checkbox"/> Salary/Wage	\$ 1139	Per Hr	\$ 1200	Per Hr
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: [Signature] Date: 1, 18, 16
 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)	
	Per	Per	Per	Per
Salary/Wage	\$	Per	\$	Per
Other	\$	Per	\$	Per

Reason For Change(s)

- Demotion
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Leave of Absence

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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: _____