

3-9-16

She will only lose
shift differential

Thanks
MS



Transfer Request

Employee Name: Kanaka Grosh

Date: 3/9/16

Current Shift/Dept.: 3rd

Shift Requesting: 1st T

Reason: _____

Date of Requested Transfer: 3-14-16

Office Use Only

Attendance: improving

Work Performance: 5/27/15 score 4.5

Available Opening: yes

CMG Approval: Kelsey Adell

Operations Manager Approval: M. Schmach

Work Restrictions: NA

Current Wage: 11.95 + 2.00 New Wage: 14.95

JC 3/10/16

Hire Date: 5/26/10

Payroll/Status Change Notice

Employment Agency

Effective Date: ____/____/____

Employee: Last _____ First _____ Middle _____

Department: _____

Changes(s)

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

Reason For Change(s)

- Demotion
- Merit Increase
- Rehirred
- Dept. Transfer
- Probation Complete
- Resignation
- New Hire
- Promotion
- Retirement
- Layoff
- Reevaluation
- Transfer
- Other _____

Leave of Absence

- Educational
- Medical
- Personal
- Military
- Family Leave
- 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: _____

Changes(s)

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

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Leave of Absence

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Office Use Only:

Last 3 Pay Increase (Date and From/To Amount):

Date: _____ From: \$ _____ To: \$ _____ Reason: _____

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Date: _____ From: \$ _____ To: \$ _____ Reason: _____

Change Authorized By: _____ Date: ____/____/____

Change Approved By RF: _____ Date: ____/____/____

Change Approved By Agency: _____ Date: ____/____/____