



Transfer Request

Employee Name: Chaw Shene

Date: 3/15/10

Current Shift/Dept.: 1st Op Checker

Shift Requesting: 1st QA

Reason: _____

Date of Requested Transfer: _____

Office Use Only

Attendance: Great

Work Performance: PR on 2/9/10 score 4.28

Available Opening: yes

CMG Approval: Kelsey Adell

Operations Manager Approval: _____

Work Restrictions: N/A

Current Wage: 14.00 New Wage: _____

Hire Date: 2/16/13

Payroll/Status Employment Agency

Change Notice

Effective Date _____ / _____ / _____

Employee Last _____ First _____ Middle _____

Department _____

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

Reason For Change(s)

- | | |
|--|---|
| <input type="checkbox"/> Demotion
<input type="checkbox"/> Dept. Transfer
<input type="checkbox"/> New Hire
<input type="checkbox"/> Layoff
<input type="checkbox"/> Other | <input type="checkbox"/> Merit Increase
<input type="checkbox"/> Probation Complete
<input type="checkbox"/> Promotion
<input type="checkbox"/> Reevaluation
<input type="checkbox"/> Rehired
<input type="checkbox"/> Resignation
<input type="checkbox"/> Retirement
<input type="checkbox"/> Transfer |
|--|---|

Leave of Absence

- | | |
|---|--|
| <input type="checkbox"/> Educational
<input type="checkbox"/> Military
<input type="checkbox"/> Other | <input type="checkbox"/> Medical
<input type="checkbox"/> Family Leave
<input type="checkbox"/> 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 Employment Agency

Change Notice

Effective Date _____ / _____ / _____

Employee Last _____ First _____ Middle _____

Department _____

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

Reason For Change(s)

- | | |
|--|---|
| <input type="checkbox"/> Demotion
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Leave of Absence

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| <input type="checkbox"/> Educational
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<input type="checkbox"/> Other | <input type="checkbox"/> Medical
<input type="checkbox"/> Family Leave
<input type="checkbox"/> Personal |
|---|--|

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: _____ / _____ / _____