



Transfer Request

Employee Name: Abdirizak Shidano

Date: 6/9/2016

Current Shift/Dept.: 2 Shift South

Shift Requesting: 1 Shift South

Reason: family problem

Date of Requested Transfer: 6/13/16 6/30/16

X Abdirizak

Office Use Only

Attendance: great

Work Performance: PR on 6/30/15 score 4.85

Available Opening: yes

CMG Approval: Kelley Aditt

Department Manager Approval: M. Schumacher

Work Restrictions: w/A

Current Wage: 12.23 New Wage: N/A U

Hire Date: 6/27/13

Payroll/Status Employment Agency Change Notice

Effective Date: ____/____/____

Employee: Last _____ First _____ Middle _____

Department: _____

Change(s)	From		To (or New Hire)	
	Salary/Wage	Per	Salary/Wage	Per
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 Employment Agency Change Notice

Effective Date: ____/____/____

Employee: Last _____ First _____ Middle _____

Department: _____

Change(s)	From		To (or New Hire)	
	Salary/Wage	Per	Salary/Wage	Per
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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: ____/____/____