



Transfer Request

Employee Name: Ikran Sirat

Effective Date: ASAP 6/01/2021

Current Shift/Dept.: 3rd S Sanitation

Shift Requesting: 2nd S

Reason: Aunt who takes care of her kids has to go back to their country to take care of a family member and has to leave this week.

Employee Signature: _____

Office Use Only

Attendance: Good

Work Performance: EPR on 7/6/20 score 4.0

Available Opening: Yes

CMG Approval: Kelsey Sikkink

Department Manager Approval: MSchumacher

Work Restrictions: N/A

Current Wage: \$17 New Wage: \$12.00

Hire Date: 6/7/19

09/2011

HR Initials

[Handwritten Signature]

Payroll/Status Employment Agency Change Notice CMG

Effective Date 06/07/21

Employee Sirat IKran
Last First Middle

Department Production

Change(s)

	From	To (or New Hire)
<input checked="" type="checkbox"/> Salary/ Wage	\$ <u>12.00</u> Per <u>hour</u>	\$ <u>13.25</u> Per <u>hour</u>
<input type="checkbox"/> 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 checked="" type="checkbox"/> Promotion | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Layoff | <input type="checkbox"/> Reevaluation | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Other _____ | | |

Explain reason for change: IKran is an operator on 2nd shift.
July 1st 2nd shift needs backups to cover vacations.

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: 10/1/21 From: \$ 1500 To: \$ 1200 Reason: TRANS to prod
 Date: 2/22/21 From: \$ 1300 To: \$ 1500 Reason: MIN SAL WAGE
 Date: 10/23/20 From: \$ 1000 To: \$ 1300 Reason: TRANS to SALV

Change Authorized By: Darvius J Date: 06/02/21

Change Approved By RF: M. Schumann Date: 6/04/2021

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

Employee Signature: [Signature] Date: 6/18/21

[Signature]

[Signature]