



# Transfer Request

Employee Name: Farnia Barre

Effective Date: \_\_\_\_\_

Current Shift/Dept.: 2 Shift South

Shift Requesting: 3 Shift South

Reason: \_\_\_\_\_

Employee Signature: Farnia

Office Use Only

Attendance: \_\_\_\_\_

Work Performance: \_\_\_\_\_

Available Opening: Yes

CMG Approval: Kelsey Sikkink

Department Manager Approval: \_\_\_\_\_

Work Restrictions: N/A

Current Wage: \_\_\_\_\_ New Wage: \_\_\_\_\_

Hire Date: 8/10/2021

HR Initials \_\_\_\_\_