



Transfer Request

Employee Name: ABDIWAHAB MOHAMED

Date: 09/09/14

Current Shift/Dept.: 1st shift Tumbler room

Shift Requesting: 2nd shift

Reason: My wife works 2nd shift & she doesn't have a car, I give ^{her} a ride.

Date of Requested Transfer: ~~09/09/14~~ OKMS
9-15-14

Office Use Only

Attendance: Great

Work Performance: No PR done yet.

Available Opening: Yes

CMG Approval: Kelsey Adell

Operations Manager Approval: Mohammed

Work Restrictions: NA

Current Wage: \$11 - New Wage: _____

Hire Date: 8/25/14

*No wage change
JC*

Payroll/Status Change Notice

Employment Agency

Effective Date ____/____/____

Employee _____
Last First Middle

Department _____

Change(s)

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

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 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: ____/____/____