



Transfer Request

Employee Name: Abdiwali Sabriye

Date: 5/21/15

Current Shift/Dept.: 1st / MVI

Shift Requesting: 2nd

Reason: School schedule

Date of Requested Transfer: ASAP 6/01/15

Office Use Only

Attendance: Great

Work Performance: PR on 5/5/15 score 4.86

Available Opening: \_\_\_\_\_

CMG Approval: Kelley Adell

Operations Manager Approval: M. K. Macher

Work Restrictions: NA

Current Wage: 9.83 New Wage: No change fe

Hire Date: 1/28/15

# 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
	\$ _____	Per _____	\$ _____	Per _____
Other	\$ _____	Per _____	\$ _____	Per _____

### Reason For Change(s)

- Demotion
- Merit Increase
- Rehire
- Dept. Transfer
- Probation Complete
- Resignation
- New Hire
- Promotion
- Retirement
- Layoff
- Reevaluation
- Transfer
- Other

### Leave of Absence

- Educational
- Medical
- Personal
- Military
- Family Leave
- Other

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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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: \_\_\_\_/\_\_\_\_/\_\_\_\_