

Employee Department/Position Change Request Form

Employee Name: BRUCE WALTERS

Home Department: PACKOUT

New Department: GRINDING

Reason for Change: TRAINING

Requested Date: 3/6/17

Interm Review Due: 4/6/17

Training Needed:

	Date	Initials	Hands On	Issued
JSA's	3/6/17	NR		
LOTO	3/6/17			
Pallet Jack	3/6/17			

Supplies

	Needed	Issued
Tools	N/A	N/A
Boots	Y	Y
Safety Glasses	Y	Y

Requested by: Nick RAVSCH Production Supervisor Date 3/6/17
 Approved by: [Signature] Operations Manager Date 3/6/17
 Approved by: _____ Human Resources Date _____
 Approved by: _____ CMG Date _____

HR ONLY

PRC Applicable? Yes No

Initiated _____ Effective Date: _____

Employee Acknowledgement

I acknowledge that I have reviewed the attached JSA's and understand the safety precautions required to perform this job.

Printed Name: Bryce Walters

Signature Bryce Walters Date 3/6/17