



Transfer Request

Employee Name: Charthoer Nuth

Date: 6/20/14

Current Shift/Dept.: 1st MV

Shift Requesting: 2nd MV

Reason: daycare

Date of Requested Transfer: 7/21/14

Office Use Only

Attendance: Great

Work Performance: PR on 1/8/14 score 5.0

Available Opening: _____

CMG Approval: Kelsey Adkins

Operations Manager Approval: M. Schumacher

Work Restrictions: _____

*No pay charge
JC*

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
Other	\$	Per	\$	Per

Reason For Change(s)

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

Leave of Absence

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

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: _____

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
Other	\$	Per	\$	Per

Reason For Change(s)

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

Leave of Absence

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

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: _____