



## Transfer Request

Employee Name: Cody McAdam

Date: 12/31/13

Current Shift/Dept: 1 Hormel

Shift Requesting: 1 Tumbler

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

Date of Requested Transfer: 1/16/14

Office Use Only

Attendance: Great

Work Performance: PR on 10/25/13 score 4.57

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

CMG Approval: Kelsey Adkins

Operations Manager Approval: \_\_\_\_\_

Work Restrictions: n/a

# Payroll/Status Change Notice

## Employment Agency

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)

- Denotion
- Dept. Transfer
- New Hire
- Layoff
- Other
- Merit Increase
- Probation Complete
- Promotion
- Reevaluation
- Relieved
- 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Employment Agency

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