

Employee Department/Position Change Request Form

Employee Name: CURTIS ROBINSON

Home Department: PACKOUT

New Department: PATTIES

Reason for Change: NEEDS NEW PATTY OPERATOR

Requested Date: 12/27/16

Interm Review Due: 1/27/17

Training Needed: _____

	Date	Initials	Hands On	Issued
JSA's				
LOTO	<u>12/22/16</u>	<u>NR</u>	<u>NR</u>	<u>NR</u>
Pallet Jack	<u>11/30/16</u>	<u>NR</u>	<u>NR</u>	<u>NR</u>

Supplies

	Needed	Issued
Tools	<u>Y</u>	<u>12/27</u>
Boots	<u>N/A</u>	<u>N/A</u>
Safety Glasses	<u>N/A</u>	<u>N/A</u>

Requested by: NICK RAUSCH Production Supervisor Date 12/22/16

Approved by: [Signature] Operations Manager Date 12/22/16

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: _____

Signature _____ Date _____