



Transfer Request

Employee Name: Darin Bagle

Date: 1-3-13

Current Shift/Dept.: 1st shift tumbler room

Shift Requesting: 3rd shift sanitation

Reason: better hours and pay

Date of Requested Transfer: 1-3-13

Office Use Only

Attendance: written warning as of 7/24/13

Work Performance: PR on 6/10/13 score 4.57.

Available Opening: yes

CMG Approval: _____

Operations Manager Approval: M Schmahe

Work Restrictions: n/a

SANITATION
Wage 1
\$13.00 + \$2 shift diff
He will be @
\$15

Payroll/Status Employment Agency

Change Notice ONE

Effective Date 9.30.13

Employee BAW DARRIN MAKIE
Last First Middle

Department _____

Change(s)	From		To (or New Hire)	
	Per	Per	Per	Per
<input checked="" type="checkbox"/> Salary/Wage	\$ 1133	Per 1500	\$	Per
<input type="checkbox"/> Other	\$	Per	\$	Per

Reason For Change(s)

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

MOVING TO SAN

Leave of Absence

- Educational
- Military
- Other
- Maternal
- 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: Shirley Campbell Date: 9.27.13

Change Approved By RE: _____ Date: _____

Change Approved By Agency: _____ Date: _____

Payroll/Status Employment Agency

Change Notice _____

Effective Date _____

Employee _____ BAW DARRIN MAKIE
Last First Middle

Department _____

Change(s)	From		To (or New Hire)	
	Per	Per	Per	Per
<input type="checkbox"/> Salary/Wage	\$	Per	\$	Per
<input type="checkbox"/> Other	\$	Per	\$	Per

Reason For Change(s)

- Demotion
- Dept. Transfer
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Leave of Absence

- Educational
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- Maternal
- 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 RE: _____ Date: _____

Change Approved By Agency: _____ Date: _____