



Transfer Request

Employee Name: Eric Mpagzine

Date: 7/28/14

Current Shift/Dept.: 1st mvl

Shift Requesting: 2nd

Reason: School starts in Sept.

Date of Requested Transfer: Sept - Aug 31st

Office Use Only

Attendance: Great

Work Performance: PR on 5/5/14 score 4.57

Available Opening: _____

CMG Approval: Kelsey Adell

Operations Manager Approval: M. Schmauder

Work Restrictions: n/A

SC
No pay charge

Payroll/Status Change Notice Employment Agency

Effective Date ____/____/____

Employee _____
Last First Middle

Department _____

Change(s)

| | From | To (or New Hire) |
|--------------|--------------------|--------------------|
| Salary/ Wage | \$ _____ Per _____ | \$ _____ Per _____ |
| Other | \$ _____ Per _____ | \$ _____ Per _____ |

Reason For Change(s)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Merit Increase | <input type="checkbox"/> Rehired |
| <input type="checkbox"/> Dept. Transfer | <input type="checkbox"/> Probation Complete | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Promotion | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Layoff | <input type="checkbox"/> Reevaluation | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Other _____ | | |

Leave of Absence

- | | | |
|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Medical | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Military | <input type="checkbox"/> Family Leave | |
| <input type="checkbox"/> Other _____ | | |

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: ____/____/____