



**Transfer Request**

Employee Name: Faris Suleiman

Date: 9/29/14

Current Shift/Dept.: 2nd / MV1

Shift Requesting: 1st

Reason: going to school

Date of Requested Transfer: ASAP 10/13/14

Office Use Only

Attendance: great

Work Performance: PR on 6/2/14 score 4.90

Available Opening: yes

CMG Approval: [Signature]

Operations Manager Approval: [Signature]

Work Restrictions: NA

Current Wage: 10.61 New Wage: \_\_\_\_\_

Hire Date: 6/1/11

*No pay change*

*JC*

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

### Leave of Absence

- |                                                                                                             |                                                                           |                                   |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Educational<br><input type="checkbox"/> Military<br><input type="checkbox"/> Other | <input type="checkbox"/> Medical<br><input type="checkbox"/> Family Leave | <input type="checkbox"/> 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: \_\_\_\_/\_\_\_\_/\_\_\_\_