



## Transfer Request

Employee Name: GUTAMA JANUSO

Date: 07/17/2013

Current Shift/Dept.: 2nd Shift

Shift Requesting: South Plant 2nd Shift

Reason: Transportation Problem and far from my home

Date of Requested Transfer: ~~18~~ 07/18/2013

### Office Use Only

Attendance: Good

Work Performance: Waiting on 90 day review. Will be done on July 22<sup>nd</sup>.

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

CMG Approval: Kelsy Adickel

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 _____	\$ _____ Per _____
Other	\$ _____ Per _____	\$ _____ Per _____

- Reason For Change(s)**
- Demotion
  - Dept. Transfer
  - New Hire
  - Layoff
  - Other
  - Merit Increase
  - Probation Complete
  - Promotion
  - Reevaluation
  - Retired
  - 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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Effective Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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  - Military
  - Other
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- Comments: \_\_\_\_\_

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