



Transfer Request

Employee Name: Shoes Yun

Date: 1/18/16

Current Shift/Dept.: 2nd N

Shift Requesting: 2nd S

Reason: \_\_\_\_\_

Date of Requested Transfer: \_\_\_\_\_

Office Use Only

Attendance: Good

Work Performance: PR on 11/17/15 score 4.71

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

CMG Approval: Kelsey Adhikari

Operations Manager Approval: \_\_\_\_\_

Work Restrictions: NA

Current Wage: 10.00 New Wage: \_\_\_\_\_

Hire Date: 8/15/15

# Payroll/Status Change Notice

# Employment Agency

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Department: \_\_\_\_\_

Change(s)	From		To (or New Hire)	
	Salary/Wage	Per	Salary/Wage	Per
Other	\$ _____	Per _____	\$ _____	Per _____

### Reason For Change(s)

- Demotion
- Dept. Transfer
- New Hire
- Layoff
- Other
- Merit Increase
- Probation Complete
- Promotion
- Reevaluation
- Rehired
- 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Payroll/Status Change Notice

# Employment Agency

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