

Employee Department/Position Change Request Form

Employee Name: JENKINS DARMO

Home Department: PACKOUT

New Department: PACKOUT (DIMENSION OPERATOR)

Reason for Change: TRAINING

Requested Date: 5/12/17

Interm Review Due: 6/12/17

Training Needed:

	Date	Initials	Hands On	Issued
JSA's	5/15/17	NR		
LOTO	5/12/17	NR	NR	NR
* Pallet Jack				

Supplies

	Needed	Issued
Tools	No	No
Boots	No	No
Safety Glasses	No	No

Requested by: NICK RAUSCH Production Supervisor Date _____

Approved by: [Signature] Operations Manager Date 5/15/17

Approved by: [Signature] Human Resources Date 5-15-17

Approved by: _____ CMG Date _____

HR ONLY

PRC Applicable? Yes No

Initiated _____ Effective Date: _____

Employee Acknowledgement

I acknowledge that I have reviewed the attached JSA's and understand the safety precautions required to perform this job.

Printed Name: _____

Signature _____ Date _____