



Transfer Request

Employee Name: Jim Shepherd

Date: 3/20/14

Current Shift/Dept.: 2 DC

Shift Requesting: 1 DC

Reason: _____

Date of Requested Transfer: 3/24/14

Office Use Only

Attendance: OK

Work Performance: no review yet

Available Opening: yes

CMG Approval: Kelsy Adell

Operations Manager Approval: Markman

Work Restrictions: yes

*No pay change
for*

Payroll/Status Change Notice

Employment Agency

Effective Date: _____

Employee: Last _____ First _____ Middle _____
 Department: _____

	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"/> Retired |
| <input type="checkbox"/> Dept. Transfer | <input type="checkbox"/> Probation Complete | <input type="checkbox"/> Reassignment |
| <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, 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

Effective Date: _____

Employee: Last _____ First _____ Middle _____
 Department: _____

	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"/> Retired |
| <input type="checkbox"/> Dept. Transfer | <input type="checkbox"/> Probation Complete | <input type="checkbox"/> Reassignment |
| <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: _____