

Employee Department/Position Change Request Form

Employee Name: John Santema
 Home Department: Grind
 New Department: Patty
 Reason for Change: Needed
 Requested Date: 6-27-17
 Interim Review Due: _____

Training Needed:

	Date	Initials	Hands On	Issued
JSA's				
LOTO				
Pallet Jack				

Supplies

	Needed	Issued
Tools	<u>yes</u>	
Boots		<u>X</u>
Safety Glasses		

Requested by: Matt Heaton Production Supervisor Date 6-27-17
 Approved by: _____ Operations Manager Date _____
 Approved by: _____ Human Resources Date _____
 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: John Santema

Signature 

Date 6/27/17