



## Transfer Request

Employee Name: Jose A Topia

Date: 4/20/16

Current Shift/Dept.: 2nd / warehouse (midshift)

Shift Requesting: 2nd

Reason: I want to work on warehouse / you're hiring.

Date of Requested Transfer: ASAP

Office Use Only

Attendance: Good

Work Performance: PE on 3/21/16 score 5.0

Available Opening: yes

CMG Approval: Kelsey Adhill

Department Manager Approval: \_\_\_\_\_

Work Restrictions: N/A

Current Wage: 11.00 New Wage: \_\_\_\_\_

Hire Date: 12/14/15

# 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"/> Rehired     |
| <input type="checkbox"/> Dept. Transfer | <input type="checkbox"/> Probation Complete | <input type="checkbox"/> Resignation |
| <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"/> Rehired     |
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| <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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_