



Transfer Request

Employee Name: Jose A Topia

Date: 4/20/16

Current Shift/Dept.: 2nd / warehouse (mid shift)

Shift Requesting: 2nd

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

Date of Requested Transfer: ASAP 6/01/16

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: M Schmidt

Work Restrictions: N/A

Current Wage: 11.00 New Wage: 12⁰⁰ LC

Hire Date: 12/14/15

Payroll/Status Employment Agency

Change Notice

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"/> Rehire |
| <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 Employment Agency

Change Notice

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"/> Rehire |
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Leave of Absence

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|--------------------------------------|---------------------------------------|-----------------------------------|
| <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: _____ / _____ / _____