



**Transfer Request**

*declined  
no openings  
KS 9/5/13*

Employee Name: Jeremy Daly

Date: 9-3-13

Current Shift/Dept.: 6 AM - 2:00 PM

Shift Requesting: 6pm - 6 AM 3rd shift

Reason: different job

Date of Requested Transfer: 9-3-13

Office Use Only

Attendance: \_\_\_\_\_

Work Performance: \_\_\_\_\_

Available Opening: \_\_\_\_\_

CMG Approval: \_\_\_\_\_

Operations Manager Approval: \_\_\_\_\_

Work Restrictions: \_\_\_\_\_

# Payroll/Status Change Notice

## Employment Agency

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Department: \_\_\_\_\_

Change(s)	From	To (or New Hire)
Salary/Wage	\$ _____ Per _____	\$ _____ Per _____
Other	\$ _____ Per _____	\$ _____ Per _____

### Reason For Change(s)

- Demotion
- Dept. Transfer
- New Hire
- Layoff
- Other
- Merit Increase
- Probation Complete
- Promotion
- Reevaluation
- Retired
- Resignation
- Retirement
- Transfer

### Leave of Absence

- Educational
- Military
- Other
- Medical
- Family Leave
- Personal

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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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: \_\_\_\_/\_\_\_\_/\_\_\_\_