



Transfer Request

Employee Name: Sreyman Kes

Date: 2-10-14

Current Shift/Dept.: 1 shift

Shift Requesting: 2 shift

Reason: I have to go back to school.

Date of Requested Transfer: 3-3-14

Office Use Only

Attendance: Great

Work Performance: _____

Available Opening: PP on 7/10/13 score 4.29

CMG Approval: Kelsey Adickens

Operations Manager Approval: Machmacher

Work Restrictions: N/A

OK to happen 2-17-14

No pay charge

Payroll/Status Employment Agency Change Notice

Effective Date _____

Employee Last _____ First _____ Middle _____

Department _____

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

Reason For Change(s)

- Demotion
- Dept. Transfer
- New Hire
- Layoff
- Other
- Merit Increase
- Probation Complete
- Promotion
- Reevaluation
- Rotated
- 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: _____

Payroll/Status Employment Agency Change Notice

Effective Date _____

Employee Last _____ First _____ Middle _____

Department _____

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

Reason For Change(s)

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

Leave of Absence

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

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: _____