



Transfer Request

Employee Name: Kadro Samatar

Date: 02-14-14

Current Shift/Dept.: 2 shift

Shift Requesting: 1 shift

Reason: my sister she is come back

Date of Requested Transfer: 02-20-14

Office Use Only

Attendance: Great

Work Performance: PR on 10/4/13 score of 3.7

Available Opening: _____

CMG Approval: Kelsey Ackland

Operations Manager Approval: _____

Work Restrictions: NA

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: _____

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 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: _____