



Transfer Request

Note: I would prefer Line 6
Because my sister work there
and she give me ride home.

Employee Name: Chankosal Khet

Date: 02/24/2014

Current Shift/Dept.: 2nd shift / VM2

Shift Requesting: 1st shift

Reason: car accident

Date of Requested Transfer: Monday 03/03/2014

Office Use Only

Attendance: Great!

Work Performance: PR on 8/2/13 score 4.57

Available Opening: _____

CMG Approval: Kelsey Adkins

Operations Manager Approval: _____

Work Restrictions: MA

This is for when she returns from her
FMLA leave on 3/3/14.

Payroll/Status Change Notice

Employment Agency

Effective Date: _____ / _____ / _____

Employee: Last _____ First _____ Middle _____
 Department: _____

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

- Reason For Change(s)**
- Demotion
 - Dept. Transfer
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- 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: _____ / _____ / _____