



## Transfer Request

Employee Name: Muridi Hagi-Sufi

Date: 3/26/14

Current Shift/Dept.: 3<sup>rd</sup> Sanitation

Shift Requesting: 2<sup>nd</sup> Outside Sanitation

Reason: \_\_\_\_\_

Date of Requested Transfer: 4/7/14

Office Use Only

Attendance: Great

Work Performance: PR on 1/7/14 overall score 4.7

Available Opening: Yes

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

Operations Manager Approval: *M. Schumacher*

Work Restrictions: N/A

# Payroll/Status Change Notice

## Employment Agency

Effective Date 3/26/14

Employee Suzi Hays FIRST Mundi MIDDLE

Department \_\_\_\_\_

Change(s)	From	To (or New Hire)
<input checked="" type="checkbox"/> Salary/Wage	\$ <u>10.00</u> Per <u>M</u>	\$ _____ Per _____
<input type="checkbox"/> Other	\$ _____ Per _____	\$ _____ Per _____

### Reason For Change(s)

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Demotion       | <input type="checkbox"/> Merit Increase     | <input type="checkbox"/> Retired     |
| <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 and From/To Amount):

Date: _____	From: \$ _____	To: \$ _____	Reason: _____
Date: _____	From: \$ _____	To: \$ _____	Reason: _____
Date: _____	From: \$ _____	To: \$ _____	Reason: _____

Change Authorized By: M Blomack Date: 3/26/14

Change Approved By RF: \_\_\_\_\_ Date: \_\_\_\_\_

Change Approved By Agency: \_\_\_\_\_ Date: \_\_\_\_\_