



## Transfer Request

Employee Name: Isaac Ontweka

Date: 5/13/14

Current Shift/Dept.: 1<sup>st</sup> Assistant Supervisor

Shift Requesting: 1<sup>st</sup> Hormel WHSE

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

Date of Requested Transfer: \_\_\_\_\_

Office Use Only

Attendance: Great

Work Performance: PR review on 12/6/13 score 4.71

Available Opening: yes

CMG Approval: Kelsey Sikkink

Operations Manager Approval: *M. Schumacher*

Work Restrictions: N/A

# Payroll/Status Employment Agency Change Notice

Effective Date 5/13/14

Employee Ontwera Last Isaac First Middle

Department \_\_\_\_\_

Change(s)		From	To (or New Hire)
Salary/ Wage	\$ <u>14.00</u> Per <u>hr</u>		\$ <u>12.33</u> Per <u>hr</u>
Other	\$ _____ Per _____		\$ _____ Per _____

**Reason For Change(s)**  
 Demotion  
 Dept. Transfer  
 New Hire  
 Layoff  
 Other Isaac requested to move back to his old job  
 Merit Increase  
 Probation Complete  
 Promotion  
 Reevaluation  
 Rehired  
 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: MSchomber Date: 5/13/14

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)
Salary/ Wage	\$ _____ Per _____		\$ _____ Per _____
Other	\$ _____ Per _____		\$ _____ Per _____

**Reason For Change(s)**  
 Demotion  
 Dept. Transfer  
 New Hire  
 Layoff  
 Other  
 Merit Increase  
 Probation Complete  
 Promotion  
 Reevaluation  
 Rehired  
 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: \_\_\_\_\_