



Transfer Request

Employee Name: Narin Chea

Date: 7/3/14

Current Shift/Dept.: 1st Hormel

Shift Requesting: 2nd Hormel

Reason: WORKS better for schedule

Date of Requested Transfer: ASAP

Office Use Only

Attendance: Great

Work Performance: PR on 2/19/14 score 4.57

Available Opening: _____

CMG Approval: Kelsey Adhill

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	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
- 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: ____/____/____