

271-3624



Transfer Request

Employee Name: Wivine Mpagazibe

Date: 08/26/2014

Current Shift/Dept.: North 1st

Shift Requesting: South 2nd

Reason: no rde to North plant, Eric works at South Plant.

Date of Requested Transfer: as soon as possible 9/01/14

Office Use Only

Attendance: great

Work Performance: PR on 2/12/14 score 4.71

Available Opening: \_\_\_\_\_

CMG Approval: Kelsey Adell

Operations Manager Approval: M. Schumacher

Work Restrictions: NA

Current Wage: 9.27 New Wage: \_\_\_\_\_

Hire Date: 11/12/13

*JA*  
No wage change

# 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)

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Demotion       | <input type="checkbox"/> Merit Increase     | <input type="checkbox"/> Rehired     |
| <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, 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: \_\_\_\_/\_\_\_\_/\_\_\_\_