

507-271-1463



Transfer Request

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Employee Name: Kadro Samaber

Date: 01-09-14

Current Shift/Dept.: 1 Shift

Shift Requesting: 2 Shift

Reason: My sister go to Africa so I need to Take care
of her kids

Date of Requested Transfer: 01-10-14

Office Use Only

Attendance: Great

Work Performance: PR on 10/4/13 score 3.7

Available Opening: _____

CMG Approval: Kelsey Ashill

Operations Manager Approval: M Schmacher

Work Restrictions: N/A

*can start 2nd
Shift 1/20/14*

No pay charge

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)

- Dentition
- Dept. Transfer
- New Hire
- Layoff
- Other
- Merit Increase
- Probation Complete
- Promotion
- Reevaluation
- Reassigned
- 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 Employment Agency Change Notice

Effective Date: ____/____/____

Employee: Last: _____ First: _____ Middle: _____
Department: _____

Change(s)	From	To (or New Hire)
Salary/ Wage	\$ _____ Per _____	\$ _____ Per _____
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Leave of Absence

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- Other
- Medical
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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: ____/____/____