



Transfer Request

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: _____

Work Restrictions: n/a

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
 - Personal

- Leave of Absence**
- Educational
 - Military
 - Other
 - Medical
 - Family Leave
 - Personal

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)**
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- Leave of Absence**
- Educational
 - Military
 - Other
 - Medical
 - Family Leave
 - Personal

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: ____/____/____