



**Transfer Request**

*effective  
mon 3/18  
13 base + 2 shift*

Employee Name: Kanneka Srosh

Date: 03.12.13

Current Shift/Dept.: 2nd shift

Shift Requesting: 3rd shift

Reason: N/A

Date of Requested Transfer: 03.13.13.

Office Use Only

Attendance: currently at a verbal.

Work Performance: Review on 5/23/12 score 4.29

Available Opening: yes

CMG Approval: Kelsey Adickel

Operations Manager Approval: AB Schmacher

Work Restrictions: N/A

*JK*

*To SAN Wage!*

# 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<br><input type="checkbox"/> Dept. Transfer<br><input type="checkbox"/> New Hire<br><input type="checkbox"/> Layoff<br><input type="checkbox"/> Other | <input type="checkbox"/> Merit Increase<br><input type="checkbox"/> Probation Complete<br><input type="checkbox"/> Promotion<br><input type="checkbox"/> Reevaluation | <input type="checkbox"/> Rehired<br><input type="checkbox"/> Resignation<br><input type="checkbox"/> Retirement<br><input type="checkbox"/> Transfer |
|--|---|--|

### Leave of Absence

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> Educational<br><input type="checkbox"/> Military<br><input type="checkbox"/> Other | <input type="checkbox"/> Medical<br><input type="checkbox"/> Family Leave | <input type="checkbox"/> 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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_