



Transfer Request

Employee Name: Matthew Mills

Date: 2/10/15

Current Shift/Dept.: 1st Tumbler

Shift Requesting: 2nd DC

Reason: _____

Date of Requested Transfer: _____

Office Use Only

Attendance: Wntler

Work Performance: PR not done yet

Available Opening: yes

CMG Approval: Kelsey Adick

Operations Manager Approval: _____

Work Restrictions: NA

Current Wage: 11.00 New Wage: _____

Hire Date: 11/12/14

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)

- Demotion
- Dept. Transfer
- New Hire
- Layoff
- Other
- Merit Increase
- Probation Complete
- Promotion
- Reevaluation
- Rehired
- 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 _____	\$ _____ Per _____
Other	\$ _____ Per _____	\$ _____ Per _____

Reason For Change(s)

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Leave of Absence

- Educational
- Military
- 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: _____ / _____ / _____