



## Transfer Request

Employee Name: Mohamed Ibrahim

Date: 10/15/15

Current Shift/Dept.: 2nd shift

Shift Requesting: 1st shift

Reason: Kids / childcare

Date of Requested Transfer: 11/04/15

Office Use Only

Attendance: great

Work Performance: PR not done yet

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

CMG Approval: Kelsey Admitt

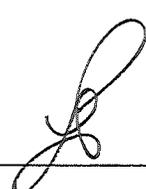
Operations Manager Approval: M. Schmach

Work Restrictions: N/A

Current Wage: 9.50 New Wage: \$10.00

Hire Date: 9/8/15

*starting new wage*  
*CO*

  
\_\_\_\_\_

# 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<br><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<br><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: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Payroll/Status Change Notice      Employment Agency

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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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: \_\_\_\_/\_\_\_\_/\_\_\_\_