



**Transfer Request**

Employee Name: Mustaf Shoble

Date: 7/13/2015

Current Shift/Dept.: 2nd Shift / warehouse sanitation

Shift Requesting: 1st Shift

Reason: we have day care issues and the school is close

Date of Requested Transfer: next week / by 7/20ms 7-26-15

Office Use Only

Attendance: Great

Work Performance: PR on 10/16/14 score 50

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

CMG Approval: Kelley Ashli

Operations Manager Approval: M. Blumhardt

Work Restrictions: N/A

Current Wage: 11.67 New Wage: N/A

*je*

Hire Date: 9/17/12

# 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
- Merit Increase
- Rehire
- Dept. Transfer
- Probation Complete
- Resignation
- New Hire
- Promotion
- Retirement
- Layoff
- Reevaluation
- Transfer
- Other \_\_\_\_\_

### Leave of Absence

- Educational
- Medical
- Personal
- Military
- Family Leave
- Other \_\_\_\_\_

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

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