CMG

Transfer Request

Employee Name: _Noka Chea_

Date: _1/23/15_

Current Shift/Dept.: _1st Rotary_

Shift Requesting: _2nd QA_

Reason: _____

Date of Requested Transfer: _1/26/15_

Office Use Only

Attendance: _Great_

Work Performance: _PR on 5/5/14 Score 5.0_

Available Opening: _Yes_

CMG Approval: _Kelsy Aslll_

Operations Manager Approval: _Schmarch K Hunt_

Work Restrictions: _w/n_

Current Wage: _10.08_   New Wage: _$12.00_

Hire Date: _4/27/12_

09/2011

Payroll/Status Change Notice — Employment Agency

Effective Date: 1/24/15

Employee: Chia Nora

Department: Production to QA

Change(s)

	From		To (or New Hire)	
✓ Salary/Wage	$ 10 08 Per hr		$ 1200 Per hr	
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: _____

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
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Leave of Absence

- [ ] Educational
- [ ] Military
- [ ] Other
- [ ] Medical
- [ ] Family Leave
- [ ] Personal

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: / /