



**Transfer Request**

Employee Name: Nita Chhoeurn

Date: 7/1/15

Current Shift/Dept.: 2<sup>nd</sup> South

Shift Requesting: 2<sup>nd</sup> North

Reason: more hours, closer

Date of Requested Transfer: ASAP 7-20-15

Office Use Only

Attendance: great

Work Performance: PR on 2/10/15 score 4.71

Available Opening: yes

CMG Approval: Kelsey Adell

Operations Manager Approval: M Schmaier

Work Restrictions: N/A

Current Wage: 9.83 New Wage: N/A JC

Hire Date: 11/5/14

# 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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