



Transfer Request

Employee Name: Rita Choewer

Date: 1/28/15

Current Shift/Dept.: 1st MU

Shift Requesting: 2nd MU

Reason: _____

Date of Requested Transfer: 2-2-15

Office Use Only

Attendance: Great

Work Performance: PR on 2/5/15 score 4.71

Available Opening: _____

CMG Approval: Kelsey Aditi

Operations Manager Approval: Mohamadh

Work Restrictions: N/A

Current Wage: 9.50 New Wage: No change *le*

Hire Date: 11/5/14

Payroll/Status Change Notice

Employment Agency

Effective Date: ____/____/____

Employer: _____ From: _____ To: _____

Department: _____

	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: _____ From: _____ To: _____

Department: _____

	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
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- Reevaluation
- Rehired
- Resignation
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- Transfer

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: ____/____/____