



Transfer Request

Employee Name: Pascal Bitashimwa

Date: 1/21/15

Current Shift/Dept.: 2nd N Production

Shift Requesting: 2nd whse

Reason: _____

Date of Requested Transfer: 1/20/15

Office Use Only

Attendance: Great

Work Performance: PR on 10/14/14 score 4.71.

Available Opening: yes

CMG Approval: Keby Aditi

Operations Manager Approval: Melmark

Work Restrictions: n/a

Current Wage: \$9.79 New Wage: \$12.00 je

Hire Date: 7/8/14

Payroll/Status Employment Agency Change Notice

Effective Date: / /

Employee: FSA MGR VADGE

Department: _____

	From	To (or New Hire)
Salary/Wage	\$ Per	\$ Per
Other	\$ Per	\$ Per

Reason For Change(s)

- | | |
|--|---|
| <input type="checkbox"/> Demotion
<input type="checkbox"/> Dept. Transfer
<input type="checkbox"/> New Hire
<input type="checkbox"/> Layoff
<input type="checkbox"/> Other | <input type="checkbox"/> Merit Increase
<input type="checkbox"/> Probation Complete
<input type="checkbox"/> Promotion
<input type="checkbox"/> Reevaluation

<input type="checkbox"/> Rehired
<input type="checkbox"/> Resignation
<input type="checkbox"/> Retirement
<input type="checkbox"/> Transfer |
|--|---|

Leave of Absence

- | | |
|---|--|
| <input type="checkbox"/> Educational
<input type="checkbox"/> Military
<input type="checkbox"/> Other | <input type="checkbox"/> Medical
<input type="checkbox"/> Family Leave

<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: _____

Change Approved By RF: _____

Change Approved By Agency: _____

Payroll/Status Employment Agency Change Notice

Effective Date: / /

Employee: CAS FSA VADGE

Department: _____

	From	To (or New Hire)
Salary/Wage	\$ Per	\$ Per
Other	\$ Per	\$ Per

Reason For Change(s)

- | | |
|--|---|
| <input type="checkbox"/> Demotion
<input type="checkbox"/> Dept. Transfer
<input type="checkbox"/> New Hire
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Leave of Absence

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<input type="checkbox"/> 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: _____

Change Approved By RF: _____

Change Approved By Agency: _____