



## Transfer Request

Employee Name: Rosol Elamain

Date: 5/30/13

Current Shift/Dept.: First shift

Shift Requesting: Second shift

Reason: I don't have daycare in the morning

Date of Requested Transfer: 6/10/13

### Office Use Only

Attendance: Notification of attendance

Work Performance: Has not received a PR. Should be getting her 90 day in June.

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

CMG Approval: Kelsey Adkitt

Operations Manager Approval: \_\_\_\_\_

Work Restrictions: none

# Payroll/Status Change Notice

# Employment Agency

Effective Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Employee Elamain Rosol Khalid  
Last First Middle

Department \_\_\_\_\_

### Change(s)

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

### Reason For Change(s)

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

### Leave of Absence

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

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