



Transfer Request

Employee Name: Sofia Abdullahi

Date: 4-29-15

Current Shift/Dept.: Second ~~Ro~~ Ro

Shift Requesting: 3rd Shift

Reason: Kid

Date of Requested Transfer: ASAP

Office Use Only

Attendance: _____

Work Performance: _____

Available Opening: _____

CMG Approval: _____

Operations Manager Approval: _____

Work Restrictions: _____

Current Wage: _____ New Wage: _____

Hire Date: _____

Payroll/Status Employment Agency

Change Notice

Effective Date _____ / _____ / _____

Employee _____
 Last _____ First _____ Middle _____

Department _____

	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"/> Retired |
| <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, 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: _____ / _____ / _____