



Transfer Request

Employee Name: Sreymom Keo

Date: 11-13-13

Current Shift/Dept.: 1 shift

Shift Requesting: 2 shift

Reason: no body take care my brothers and my sister.

Date of Requested Transfer: 11-25-13

Office Use Only

Attendance: Great

Work Performance: PR on 7/10/13 score 4.29

Available Opening: yes

CMG Approval: Kelsey Adkins

Operations Manager Approval: _____

Work Restrictions: N/A

Payroll/Status Change Notice

Employment Agency

Effective Date: ____/____/____

Employee: Last: _____ First: _____ Middle: _____

Department: _____

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

Reason For Change(s)

- Demotion
- Dept. Transfer
- New Hire
- Layoff
- Other
- Merit Increase
- Probation Complete
- Promotion
- Reevaluation
- Retired
- 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: Last: _____ First: _____ Middle: _____

Department: _____

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

Reason For Change(s)

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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: ____/____/____