



Transfer Request

Employee Name: Teng Moua

Date: 5/30/13

Current Shift/Dept.: QA, Hormel, 1st shift

Shift Requesting: 2nd shift QA (Hormel)

Reason: Personal Schedule Change

Date of Requested Transfer: 06/10/13

Office Use Only

Attendance: Currently at a verbal for attendance

Work Performance: PR on 9/14/12 score 3.57.

Available Opening: _____

CMG Approval: Kelsey Adickit

Technical Services Director/QA Supervisor Approval: _____

Work Restrictions: None

Payroll/Status Employment Agency Change Notice

Effective Date _____ / _____ / _____

Employee Last _____ First _____ Middle _____

Department _____

Change(s)

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

Reason For Change(s)

- Demotion Merit Increase Rehired
 Dept. Transfer Probation Complete Resignation
 New Hire Promotion Retirement
 Layoff Reevaluation Transfer
 Other

Leave of Absence

- Educational Medical Personal
 Military Family Leave
 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: _____ / _____ / _____

Payroll/Status Employment Agency Change Notice

Effective Date _____ / _____ / _____

Employee Last _____ First _____ Middle _____

Department _____

Change(s)

	From	To (or New Hire)
Salary/ Wage	\$ _____ Per _____	\$ _____ Per _____
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Leave of Absence

- Educational Medical Personal
 Military Family Leave
 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: _____ / _____ / _____