



## Transfer Request

Employee Name: Tony Wilson

Date: 10/29/13

Current Shift/Dept.: 3<sup>rd</sup> Sanitation

Shift Requesting: 2<sup>nd</sup> Smith

Reason: Family

Date of Requested Transfer: \_\_\_\_\_

Office Use Only

Attendance: Good

Work Performance: A

Available Opening: Chas not had one yet HP-8/20/13

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 _____	\$ _____ Per _____
Other	\$ _____ Per _____	\$ _____ Per _____

- Reason For Change(s)**
- Demotion
  - Dept. Transfer
  - New Hire
  - Layoff
  - Other
  - Merit Increase
  - Probation Complete
  - Promotion
  - Reevaluation
  - Rehired
  - Resignation
  - Retirement
  - Transfer

- 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: \_\_\_\_\_

# Payroll/Status Change Notice

# Employment Agency

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
  - Dept. Transfer
  - New Hire
  - Layoff
  - Other
  - Merit Increase
  - Probation Complete
  - Promotion
  - Reevaluation
  - Rehired
  - 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: \_\_\_\_\_