



Transfer Request

Employee Name: Tony Wilson

Date: 10-27-14

Current Shift/Dept.: GMP - 2nd Shift

Shift Requesting: Slicing Room - 2nd Shift

Reason: Current position is too slow paced for me

Date of Requested Transfer: AS soon AS there's an opening in "Slicing Room"

Office Use Only

Attendance: Great

Work Performance: PR on 8/28/14 score 4.42

Available Opening: _____

CMG Approval: Kelsey Adell

Operations Manager Approval: _____

Work Restrictions: N/A

Current Wage: \$ 11.56 New Wage: _____

Hire Date: 8/20/13

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)

- | | | |
|---|---|--------------------------------------|
| <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: ____/____/____