



Transfer Request

Employee Name: Tony Wilson

Date: 10/29/13

Current Shift/Dept.: 3rd Sanitation

Shift Requesting: 2nd Shift

Reason: Family

Date of Requested Transfer: _____

Office Use Only

Attendance: Good

Work Performance: A

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

CMG Approval: Kelsey Adkitt

Operations Manager Approval: M Schmacher

Work Restrictions: NA

Payroll/Status Change Notice

Payroll/Status Change Notice

Effective Date: _____

Effective Date: _____

Employee: Last _____ First _____ Middle _____

Employee: Last Wilson First Tony Middle _____

Department: _____

Department: Moving from SAN to PRODUCTION

Change(s)

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

Change(s)

	From	To (or New Hire)
Salary/Wage	\$ <u>1500</u> Per <u>950</u>	\$ _____ Per _____
Other	\$ _____ Per _____	\$ _____ Per _____

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

- Reason For Change(s)**
- Demotion
 - Merit Increase
 - Dept. Transfer
 - Probation Complete
 - New Hire
 - Promotion
 - Layoff
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- Leave of Absence**
- Educational
 - Medical
 - Military
 - Family Leave
 - Other
 - Personal

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Comments: _____

Comments: _____

Office Use Only:

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Last 3 Pay Increase (Date and From/To Amount):

Date: _____ From: \$ _____ To: \$ _____ Reason: _____

Date: _____ From: \$ _____ To: \$ _____ Reason: _____

Date: _____ From: \$ _____ To: \$ _____ Reason: _____

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: _____

Change Authorized By: Abraham Date: 10/30/13

Change Approved By RF: _____ Date: _____

Change Approved By Agency: _____ Date: _____