



Transfer Request

Employee Name: Tut G. Thol

Date: 6/15/16

Current Shift/Dept.: 2nd / palletizer SWAN

Shift Requesting: 2nd shift NORTH

Reason: I need more hrs and north has more hrs

Date of Requested Transfer: 6/15/16

Office Use Only

Attendance: Great

Work Performance: PR not done yet

Available Opening: yes

CMG Approval: Kelsey Adithi

Department Manager Approval: _____

Work Restrictions: NA

Current Wage: 10.00 New Wage: _____

Hire Date: 5/31/16

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: ____/____/____

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: ____/____/____