

Employee Department/Position Change Request Form

Employee Name: VICTOR STAFFORD

Home Department: PACKOUT

New Department: GRINDING

Reason for Change: TRAINING

Requested Date: 4/24/17

Interm Review Due: 5/24/17

Training Needed:

| | Date | Initials | Hands On | Issued |
|-------------|---------|----------|----------|--------|
| JSA's | 4/27/17 | NR | | |
| LOTO | 4/27/17 | NR | NR | NR |
| Pallet Jack | 4/10/17 | NR | NR | NR |

Supplies

| | Needed | Issued |
|----------------|--------|--------|
| Tools | N/A | N/A |
| Boots | Y | Y |
| Safety Glasses | N | N |

Requested by: NICK RAUSCH Production Supervisor Date 4/27/17

Approved by: [Signature] Operations Manager Date 4/27/17

Approved by: [Signature] Human Resources Date 4-27-17

Approved by: _____ CMG Date _____

PRC Applicable? Yes No **HR ONLY**

Initiated _____ Effective Date: _____

Employee Acknowledgement

I acknowledge that I have reviewed the attached JSA's and understand the safety precautions required to perform this job.

Printed Name: Victor Stafford

Signature: [Signature] Date April 27 2017