

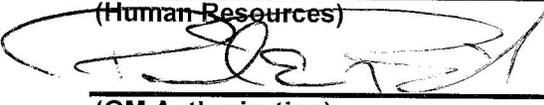
PAYROLL CHANGE REPORT

Today's Date: <u>8/15/2017</u>	Effective Date: <u>8/20/2017</u>
Hire Date: _____	Hours Worked: _____
Employee's Name: <u>Wayne Hall</u>	
Department: <u>Grinding</u>	

CHANGE (\$)		FROM	TO
X	Rate	\$10.00	\$12.50
	Shift Differential	\$0.00	\$0.00
X	Total	\$10.00	\$12.50

REASON (S) FOR THE CHANGE (S)							
Seniority Increase (Circle One)		90 Day	6 Month	1 Year	1 1/2 Year	2 Year	Annual
X	Merit Increase finished training for grinding						
	Other						

ADDITIONAL COMMENTS

Authorized by: _____ (Department Manager)	Date: _____
Guideline verified: <u>Nichol Wojcik</u> (Human Resources)	Date: <u>8/15/17</u>
 _____ (GM Authorization)	Date: <u>8/15/17</u>

NW
8-16-17

Employee Department/Position Change Request Form

Employee Name: WAYNE HALL
 Home Department: PAVEOUT
 New Department: GRINDING
 Reason for Change: NEED GRINDER
 Requested Date: 7/27/17
 * Interm Review Due: 8/18/17

Training Needed:

	Date	Initials	Hands On	Issued
JSA's	7/28/17	NR		
LOTO	7/28/17	NR	NR	NR
Pallet Jack	6/29/17	NR	NR	NR

Supplies

	Needed	Issued
Tools	NO	—
Boots	YES	YES
Safety Glasses	YES	YES

Requested by: 7/27/17 Production Supervisor Date 7/27/17
 Approved by: _____ Operations Manager Date _____
 Approved by: Michael Wojcik Human Resources Date 8-14-17
 Approved by: _____ CMG Date _____

HR ONLY

PRC Applicable? Yes No

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: Wayne Hall
 Signature: Wayne Hall Date 7/28/17

Job Transfer/Promotion Evaluation

Employee Name Wayne Hall

Department Grinding (Due 8/18/17)

Task	Criteria	Needs		Comments
		Acceptable	Improvement	
Communication	Effectively exchanges information, written or verbal, with all types of personnel	X		
	Communicates information accurately, timely and respectfully	X		
Job Skills	Demonstrates technical understanding of the job		X	NEED TO TAKE FAT TESTS FOR EVERY BATCH / LEARN PAPERWORK 1/3 REMEMBER HEAD CHECKS
	Has the ability to analyze work, set goals, develop plans of action and utilizes time appropriately	X		
Quality	Is aware of, and complies with, product specifications related to their department and/or area.		X	

Items employee needs to work/improve on: SEE ABOVE COMMENTS.

Rate Change? Yes No If yes, effective date will be 8/20/17 stated process 8/15/17 MLW

If No, why not/when will next review occur? _____

Employee Signature: Wayne Hall Date: _____

Supervisor Signature: Nick Rausch Date: 8/15/17