



PR

Transfer Request

Employee Name: Yakya Raheem

Date: 11/16/13

Current Shift/Dept.: 3rd Sanitation

Shift Requesting: 2nd Sanitation

Reason: _____

Date of Requested Transfer: _____

Office Use Only

Attendance: Great

Work Performance: PR on 4/12/12 score 3.71

Available Opening: yes

CMG Approval: Kelsey Adickel

Operations Manager Approval: M Schmoche

Work Restrictions: N/A

**Payroll/Status
Change Notice**

Employment Agency

Chmca

Effective Date Upon Transfer

Employee Raneem Yahya
Last First Middle

Department Moving to 2nd Shift SAN

Change(s)

	From	To (or New Hire)
<input checked="" type="checkbox"/> Salary/Wage	\$ <u>1500</u> Per <u>1300</u>	\$ Per
<input type="checkbox"/> 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 checked="" type="checkbox"/> Transfer |
| <input type="checkbox"/> Other | | |

Moving to 2nd Shift SAN. LOOSING \$2.00 Shift Diff

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, From/To Amount, & Reason):

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

Change Authorized By: [Signature] Date: 11, 07, 13

Change Approved By RF: _____ Date: _____

Change Approved By Agency: _____ Date: _____