



Transfer Request

Employee Name: Yasin Hassan

Date: 7/27/15

Current Shift/Dept.: 1st South

Shift Requesting: 2nd South

Reason: School schedule

Date of Requested Transfer: ASAP

Office Use Only

Attendance: _____

Work Performance: _____

Available Opening: _____

CMG Approval: _____

Operations Manager Approval: _____

Work Restrictions: n/a

Current Wage: \$11.00 New Wage: _____

Hire Date: 6-8-15

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)

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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: ____/____/____