



REQUEST TO TRANSFER PART-TIME FOOD SERVICE EMPLOYEE



Due to reduction in staffing allocations and/or changes in assigned positions, the following employee transfer is assigned:

EMPLOYEE INFORMATION:

Table with 3 columns: Full Legal Name, Employee #, Phone Number

An unauthorized absence (no show of employee) for three (3) consecutive workdays shall be evidence of abandonment of position per AFSCME Contract Article XI, Section 4; Types of Separation.

Acknowledgement of Receipt: Employee Signature _____ Date _____

SCHOOL INFORMATION (Transfer From):

Table with 4 rows: Location Name, Location #, Food Service Manager Name, FS Manager Signature, Principal/Designee Name, Principal/Designee Signature, Region Supervisor Name, Region Supervisor Signature

SCHOOL INFORMATION (Transfer To):

Table with 4 rows: Location Name, Location #, Note, Food Service Manager Name, FS Manager Signature, Principal/Designee Name, Principal/Designee Signature

To be completed by Region Supervisor of Transfer To School:

Table with 5 columns: Labor Hour Standard, MPLH, Meal Equivalents, Current # of Hours Scheduled, Surplus # of Hours Available. Includes justification text and signature lines.

Director of Operations/District Supervisor Signature: _____ Date: _____

OFFICE USE ONLY - PROCESSING

Location # _____ Job Code: _____ Position # _____ FN APP: _____
Effective Date: _____ Date Processed _____ Requisition #: _____ WF APP: _____