

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:

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):

Location Name		Location #
Food Service Manager Name FS Manager Signature		
Principal/Designee Name	Principal/Designee Signature	
Region Supervisor Name	Region Supervisor Signat	ure

SCHOOL INFORMATION (Transfer To):

Location Name		Location #	
Note: No one is to be scheduled to report to work at their new school location until written notice from			
Angie Kasselakis has been received verifying that the employee is ready to begin. No exceptions.			
Food Service Manager Name FS Manager Signature			
Principal/Designee Name	Principal/Designee Signature		

To be completed by Region Supervisor of Transfer To School:

r				
Labor Hour	MPLH	Meal Equivalents	Current # of Hours	Surplus # of Hours
Standard		(most complete week)	Scheduled	Available
Justification for	transfer reque	st		
Region Supervisor mu	st attach staffing wo	rksheet and supporting documentation	for MPLH and participation.	
Requested Effective Date of Transfer:		ansfer:	Employee Job Code:	
Region Supervisor Name		Region Supervisor Signature		
Director of Operations/District Supervisor Signature: Date:				Date:
OFFICE USE ON	LY - PROCESS	ING		
Location #		Job Code:	Position # FN APP:	

Effective Date: ______ Date Processed ______ Requisition #: ______ WF APP: ____