

PAYROLL TRANSFER REQUEST

Print Name _____

NOTICE: Management will **consider** your request for a reduction in availability in terms of hours per day or week, number of workdays, or specific days of week, etc. but will not guarantee approval. If not approved, the request will be considered a **“QUIT”**. Even if approved, for Wisconsin Unemployment purposes, you are hereby notified that your request may be considered a **“QUIT”** and therefore any wages that you earn while you are working the reduced hours or availability may not be used to satisfy the “quit re-qualification provision”.

I the undersigned am requesting (required):

- A transfer from (shift) _____ to _____ *
- A reduction in the number of workdays per week from _____ to _____ days.
- A specific day _____ or days _____ I must have off each week.
- A specific day _____ or days _____ I can't start until _____
- A specific day _____ or days _____ I must leave at _____
- A transfer from (store) _____ to _____
- Other: _____

Reason for the above request (required):

Date you want this change to begin (required): _____

Date this need will end (required): _____

Date _____ Employee Signature _____

* * * * *

Manager Recommends Approval: Approved Not Approved

Date _____ Manager Approval _____

Corporate Office Approval: Approved Not Approved

Date _____ Signature _____