WGK 158

# TRANSFER AND ASSIGNMENT OF EMPLOYES

Date 2-8-61

T.C. # 738 Name A. BRANDON

Report to the PLACEMENT SECTION for transfer at 8 a.m. 2-8- 1961

TAKE THIS SHEET WITH YOU

This employe (has) (has not) had an Employe Progress interview while in this department.

H O Will — Foreman

P222 — Dept.

TO: Mr Smith Dept. 246

The above named employe has been (assigned) (awarded) (is utility on) the position B Oper replacing T.C. # Dixon

On that job his rate will be 2.65½ His present rate is

Plant Seniority 6-15-48

Job or craft seniority, if applicable

He has had 0 Days off this week None

Home Address 1737 Broadway

E St Louis Ill Telephone No. None

**PLEASE SUBMIT RATE SLIP IMMEDIATELY**

**TO COVER THIS TRANSFER**

V P Hickey

*Placement Section*

Form: C-1
11/9/48
Rev. 1/31/50

☐ WGK 289
REV. 6/60

W. G. KRUMMRICH PLANT

# EMPLOYE INDOCTRINATION CHECK LIST
## DEPARTMENTAL

INSTRUCTIONS TO SUPERVISOR: *Fill out in duplicate if this is a new employe. Forward tear-off portion of original to Employment Department. Give remainder of original to employe. File carbon for duration of employe's stay in department.*

| NAME | T/C NO. | DEPT. |
|---|---|---|
| | | |

### GENERAL

- ☐ STARTING TIME _____
- ☐ LUNCH PERIOD _____
- ☐ QUITTING TIME _____
- ☐ SHIFT ROTATION _____
- ☐ DAYS OFF _____
- ☐ RATE OF PAY $ _____ PER HOUR
- ☐ SMOKING RESTRICTIONS
  *WHEN* _____
  *WHERE* _____
- ☐ PERSONAL TELEPHONE CALLS - *Emergency Only.*
- ☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT
- ☐ FIRE ALARMS
  *TELEPHONE - Dial 200 ZONE* _____
  *DEPT.* _____
  *MANUAL - Location of Alarm Box*
- ☐ EMERGENCY MEDICAL AID OR AMBULANCE - *Dial 400*
- ☐ LOCATION OF EMERGENCY SHOWERS
- ☐ PAGEMASTER - DAYS - *Dial 434 for Maint. Pers.*
  *"operator" for others*
  *300 for night & wk. ends.*
- ☐ ABSENCES - *Call In and Log No. Procedure*
- ☐ LOCATION OF WASHROOM & TOILET
- ☐ LOCATION OF BULLETIN & OVERTIME BOARDS

### TRAINING

- ☐ DEPARTMENTAL SAFETY PRACTICES
- ☐ TIME & PLACE OF RELIEVING
- ☐ OPERATING INSTRUCTIONS - *Location & Importance*
- ☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.
- ☐ SCOPE OF JOB & RESPONSIBILITIES
- ☐ HOUSEKEEPING AREA ASSIGNED _____
- ☐ SAMPLING - *Location of Laboratory*
- ☐ RECORDS - *Use of forms*
- ☐ METHOD OF TRAINING - *With Whom. For How Long, Method of Determining Qualification On Job.*
- ☐ DEPARTMENT LOCKER NO. _____ ASSIGNED
- ☐ TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

| JOB ASSIGNED | DATE |
|---|---|
| | |

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*TO:* EMPLOYMENT DEPARTMENT

| NAME | T/C NO. | DEPT. |
|---|---|---|
| | | |

| DATE | INDOCTRINATED BY | ☐ NEW EMPLOYE | ☐ TRANSFERRED EMPLOYE |
|---|---|---|---|
| | | | |

PCB-ARCH-EXT0375451

WGK 289
REV. 6/60

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