(Jackson - "B" OP.)

EMPLOYE JOB & STATUS CHANGE NOTICE

TO: RALPH SMITH DEPT. 246 DATE 10/21/63

NAME Cleveland HAIRE T.C.# 897

1. TRANSFER (REG.)
   - [ ] Award Notice Only
   - [ ] Bid Job
   - [ ] Bumped
   - [ ] Assigned
   - [ ] Returning
   - [ ] Relief Work

FROM "B" OPER. (Job) DEPT 236 BD

TO "B" OPER. (Job) 246 (Dept.) 2.97½ (Rate) VT.

Replacing 282 L. RAY

Off - Days 1 - SUNDAY Sen. 7-25-61

Address 1833 Russell

East St. Louis, Illinois Tel. Up 4-2693

2. TRANSFER (UTIL.)
   - [x] Regular
   - [ ] 5-Year Selection

3. EMPLOYMENT
   - [ ] New Employe
   - [ ] Ret. from Lay Off
   - [ ] Ret. from L. O. A.
   - [ ] Ret. from Absence

4. SEPARATION

TEMPORARY
- [ ] Lay Off
- [ ] Off W/O Pay
- [ ] Military Service
- [ ] Leave of Absence
- [ ] Other (Specify)

PERMANENT
- [ ] Retire
- [ ] Resign*
- [ ] T. & P.D.
- [ ] Dropped*
- [ ] Discharged*

Remarks:

* Require Explanation

Effective Date 10/21/63

Authorization R. Richter /ch

PCB-ARCH-EXT0375532

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

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

DATE	INDOCTRINATED BY	NEW EMPLOYE ☐	TRANSFERRED EMPLOYE ☐

PCB-ARCH-EXT0375533

☐ WGK 289
REV. 6/60

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TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375534