EMPLOYE JOB & STATUS CHANGE NOTICE

TO: RALPH SMITH DEPT. 246 DATE 3/11/63

NAME MARION WILLIAMS T.C.# 1197

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

2. TRANSFER (UTIL.)
   - ☐ Regular
   - ☐ 5-Year Selection

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

FROM PREM. OPERATOR (Job) DEPT. 270

TO OPERATOR (Job) 246 (Dept.) 2.99 (Rate)

Replacing R. NEAL

Off-Days 0 - NONE Sen. 9-12-50

Address 12 E. "D" STREET AD. 3-7137

Belleville, ILLINOIS Tel. ~~AD 3-6164~~

4. SEPARATION

TEMPORARY	PERMANENT
☐ Lay Off	☐ Retire[M]
☐ Off W/O Pay	☐ Resign[M]
☐ Military Service	☐ T. & P.D.
☐ Leave of Absence	☐ Dropped[M]
☐ Other (Specify)	☐ Discharged[M]

Remarks:

[M] Require Explanation

Vacation Check 1 week 2-11

Effective Date 3/11/63 Authroization R. Richter pcb

PCB-ARCH-EXT0375502

WG K 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.
Marion Williams	1197	346

GENERAL

- ☐ STARTING TIME 8-4-12
- ☐ LUNCH PERIOD —
- ☐ QUITTING TIME 8-4-12
- ☐ SHIFT ROTATION Days Leta Middle
- ☐ DAYS OFF Fri Sat
- ☐ 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* 1 - Stat
  - *DEPT.* 700
  - *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. 13 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-EXT0375503

☐ 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-EXT0375504