1

TRANSFER & ASSIGNMENT OF EMPLOYES

DATE 1/6/61

T. C. # 216 NAME F. Witmer

REPORT TO THE PLACEMENT SECTION FOR TRANSFER AT _____ A.M. P.M. _____ 19__

TAKE THIS SHEET WITH YOU

D P Hickey
(FOREMAN) (DEPT.)

TO: Mr W Martin DEPT. 246

THE ABOVE NAMED EMPLOYE HAS BEEN (ASSIGNED) (AWARDED) (IS UTILITY ON) THE POSITION

Operator REPLACING T.C. # _____

ON THAT JOB HIS RATE WILL BE _____ HIS PRESENT RATE IS _____

PLANT SENIORITY 4-13-55 JOB OR CRAFT SENIORITY, IF APPLICABLE _____

HE HAS HAD 1 DAYS OFF THIS WEEK. Own Pl

HOME ADDRESS 4149 Westminster PHONE Olive 2-6546

N Louis 8 Mo

PLEASE SUBMIT RATE SLIP IMMEDIATELY TO COVER THIS TRANSFER

D P Hickey
PLACEMENT SECTION

WGK 158
REV. 4/60

PCB-ARCH-EXT0375445

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-EXT0375446

WG K 289
REV. 6/60

W. G. KRUMMRICH PLANT

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TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375447

RC Smith
Dept 246

PCB-ARCH-EXT0375448