

EMPLOYEE JOB & STATUS CHANGE NOTICE

TO: R. MACLIN DEPT. 246 DATE 11/5/63

NAME LEON SIMS T.C.# 691

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

FROM CLEAN UP DEPT. 257

TO CLEAN UP 246 2.73
 OR DAY HELP. Dept. Rate

Replacing

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

Off - Days 1 - SUNDAY Sen 4-29-60

Address 1618 CLEVELAND

3. EMPLOYMENT

- ☐ New Employee
- ☐ Ret. from Lay Off
- ☐ Ret. from L. O. A.
- ☐ Ret. from Absence

EAST ST. LOUIS, ILLINOIS UP-0584
 Phone

4. SEPARATION

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

- PERMANENT
- ☐ Retire
 - ☐ Resign^m
 - ☐ T. & P. D.
 - ☐ Dropped^m
 - ☐ Discharged^m

Remarks:

☒ Require Explanation

Effective Date 11/5/63

Authorization R. Becker/plb

W. G. KRUMMRICH PLANT

EMPLOYEE INDOCTRINATION CHECK LIST DEPARTMENTAL

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

NAME		T/C NO.	DEPT.
GENERAL		TRAINING	
☐ STARTING TIME _____		☐ DEPARTMENTAL SAFETY PRACTICES	
☐ LUNCH PERIOD _____		☐ TIME & PLACE OF RELIEVING	
☐ QUITTING TIME _____		☐ OPERATING INSTRUCTIONS - Location & Importance	
☐ SHIFT ROTATION _____		☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.	
☐ DAYS OFF _____		☐ SCOPE OF JOB & RESPONSIBILITIES	
☐ RATE OF PAY \$ _____ PER HOUR		☐ HOUSEKEEPING AREA ASSIGNED _____	
☐ SMOKING RESTRICTIONS WHEN _____ WHERE _____		☐ SAMPLING - Location of Laboratory	
☐ PERSONAL TELEPHONE CALLS - Emergency Only.		☐ RECORDS - Use of forms	
☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT		☐ METHOD OF TRAINING - With Whom. For How Long, Method of Determining Qualification On Job.	
☐ FIRE ALARMS TELEPHONE - Dial 200 ZONE _____		☐ DEPARTMENT LOCKER NO. _____ ASSIGNED	
DEPT. _____		☐ TOUR OF DEPARTMENT - Introduction to Supervision and Fellow Employees.	
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			
		JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME		T/C NO.	DEPT.
DATE	INDOCTRINATED BY	☐ NEW EMPLOYEE ☐ TRANSFERRED EMPLOYEE	