EMPLOYE JOB & STATUS CHANGE NOTICE

TO: R. SMITH DEPT. 246. DATE 4-30-63

NAME J. JONES. T.C.# 626.

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 ~~B~~ BSK HANDLER DEPT. 350

TO B. OPR. 246. 2.68 trng 2.85½
Job Dept. Rate

Replacing VAC. RELIEF.

Off - Days SUN. Sen. 3-29-63

Address 1320 BAYARD BAYARD
St. Louis 13 Mo. Tel. FO 7-6522
5740 CABANNE APT 5 MOTHERS

4. SEPARATION

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

Remarks:

M Require Explanation

Effective Date 4-30-36 Authorization J. Owens

PCB-ARCH-EXT0375508

WG K 389
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 8 or 4 or 12 MID
- ☐ 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.*

3 3 4
1 1 2
5 0 1

9 6 60
6 9 50
1 7 10

JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

DATE	INDOCTRINATED BY	NEW EMPLOYE ☐	TRANSFERRED EMPLOYE ☐

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