# EMPLOYE JOB & STATUS CHANGE NOTICE

To VIRGIL BRAWLEY (Foreman) Dept. 246 Date 9/16/64

NAME EARL LARKS T.C.# 6141

REGULAR TRANSFER (Job Ownership)
- ☐ Award Notice Only
- ☒ Bid Job
- ☐ Bumped
- ☐ Assigned
- ☐ Returning (Expansion)
- ☐ Relief Work

UTILITY TRANSFER
- ☐ No Choice
- ☐ Day Choice
- ☐ Shift Choice
- ☐ 5-Year Selection

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

FROM STAND. OP. DEPT. 255

TO STAND. OP. DEPT. 246 RATE 3.04½

Off-Days 0 - NONE Sen. 5-31-40 Phone UP. 4-2333

Address 446 N. 22ND ST., E. ST. LOUIS, ILL.

Replacing 753 C. JACKSON

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

PERMANENT SEPARATION
- ☐ Retire
- ☐ Resign
- ☐ T. & P.D
- ☐ Dropped
- ☐ Discharged
- ☐ Deceased

Remarks

Effective Date 9/16/64

Authorization R. Burton

PCB-ARCH-EXT0375563

☐ 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. |
|---|---|---|
| | | |

## 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 |
|---|---|---|---|
| | | | |

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