

EMPLOYEE JOB & STATUS CHANGE NOTICE

To VIRGIL BRANLEY Dept. 246 Date 8/18/64
 NAME JOE VECERA (Foreman) T.C.# 421

REGULAR TRANSFER (Job Ownership)

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

FROM INT. OP. (UTILITY) DEPT. 247
 TO SECOND OP. DEPT. 246 RATE

Off-Days 1-SUNDAY Sen. 3-29-60 ED. 7-4615
 Address 1153 SMITH, CAHOKIA, ILL.

Replacing O. JONDRO

UTILITY TRANSFER

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

EMPLOYMENT

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

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

Effective Date 8/18/64

Remarks _____
 Authorization R. Richter

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 JOE VECERA	T/C NO. 421	DEPT. 246
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GENERAL

☐ STARTING TIME **10 til the hour**

☐ LUNCH PERIOD **20 min**

☐ QUITTING TIME **10 til the hour**

☐ SHIFT ROTATION **3 shifts**

☐ DAYS OFF **rotate**

☐ RATE OF PAY \$ **3.00 1/2** PER HOUR

☒ SMOKING RESTRICTIONS

WHEN

WHERE

☒ PERSONAL TELEPHONE CALLS - Emergency Only.

☒ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT

☒ FIRE ALARMS

TELEPHONE - Dial 200 ZONE **1-1**

DEPT. **246**

MANUAL - Location of Alarm Box

☒ EMERGENCY MEDICAL AID OR AMBULANCE - Dial 400

☒ LOCATION OF EMERGENCY SHOWERS

☒ PAGERMASTER - 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 Employees.

JOB ASSIGNED

Second operator

DATE

8-18-64

TO: EMPLOYMENT DEPARTMENT

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