EMPLOYE JOB & STATUS CHANGE NOTICE

Typed

To VIRGIL BRAWLEY (Foreman) Dept. 246 Date 10/28/64

NAME JAMES STEIN T.C.# 974

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 SANTOBRITE OP. DEPT. 236

TO PREM. OP. DEPT. 246 RATE 3.22

Off-Days RET'D. FROM VAC. MON. 10/26. Sen. 5-21-63 Phone NO PHONE

Address 109 N. JACKSON, NEW ATHENS, ILL.

Replacing ———————

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 10/28/64

Authorization R. Richter

PCB-ARCH-EXT0375567

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 James Stein | T/C NO. 974 | DEPT. 246

GENERAL

- [X] STARTING TIME 10 til the hour.
- [X] LUNCH PERIOD 20
- [X] QUITTING TIME 10 til
- [X] SHIFT ROTATION
- [X] DAYS OFF
- [X] RATE OF PAY $ 3.22 PER HOUR
- [X] SMOKING RESTRICTIONS
  WHEN
  WHERE
- [X] PERSONAL TELEPHONE CALLS - *Emergency Only.*
- [X] SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT
- [X] FIRE ALARMS
  TELEPHONE - Dial 200 ZONE 1 - 1
  DEPT. 246
  MANUAL - Location of Alarm Box
- [X] EMERGENCY MEDICAL AID OR AMBULANCE - *Dial 400*
- [X] LOCATION OF EMERGENCY SHOWERS
- [X] PAGEMASTER - DAYS - *Dial 434 for Maint. Pers. "operator" for others 300 for night & wk. ends.*
- [X] ABSENCES - *Call In and Log No. Procedure*
- [X] LOCATION OF WASHROOM & TOILET
- [X] LOCATION OF BULLETIN & OVERTIME BOARDS

TRAINING

- [X] DEPARTMENTAL SAFETY PRACTICES
- [X] TIME & PLACE OF RELIEVING
- [X] OPERATING INSTRUCTIONS - *Location & Importance*
- [X] RELATIONSHIP OF JOB TO OTHERS IN DEPT.
- [X] SCOPE OF JOB & RESPONSIBILITIES
- [X] HOUSEKEEPING AREA ASSIGNED
- [X] SAMPLING - *Location of Laboratory*
- [X] RECORDS - *Use of forms*
- [X] METHOD OF TRAINING - *With Whom. For How Long, Method of Determining Qualification On Job.*
- [X] DEPARTMENT LOCKER NO. _____ ASSIGNED
- [X] TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

JOB ASSIGNED Prem Oper | DATE 10-28-64

TO: EMPLOYMENT DEPARTMENT

NAME | T/C NO. | DEPT.

DATE | INDOCTRINATED BY | ☐ NEW EMPLOYE | ☐ TRANSFERRED EMPLOYE

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