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|---|---|
| <input type="checkbox"/> JMAC Resources | <input type="checkbox"/> JMAC Ready-Mix |
| <input type="checkbox"/> IHD Liquids | <input type="checkbox"/> IHD Solids |
| <input type="checkbox"/> JCO | <input type="checkbox"/> Pronghorn, LLC |
| <input type="checkbox"/> WDW | <input type="checkbox"/> _____ |

Division must be indicated above or form will be returned to individual completing it.

Transfer Approval Form

Employee must meet the minimum transfer eligibility requirements (in current position for at least 12 months*, no written performance memos within 90 days prior to transfer; and meet the minimum qualifications for the new position). *Length of time in current position may be waived based on company needs.

Employee Name:	Date:
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Current Information

Job Title:	Ext/Phone:
Division:	Hire Date:
Supervisor:	Time in Position:
Rate of Pay: \$ _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Year	

New Position

Job Title:	Effective Date:
Division:	Supervisor:
Will this position oversee other employees? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, they must attend supervisor training)	
Pay Rate Change: <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, a pay request form must be attached and approved by Jon M)	
Rate of Pay: \$ _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Year	
Needs Housing At New Location: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Current Supervisor's Signature:	Date:
New Supervisor's Signature:	Date:
Employee's Signature:	Date:
Date Received in HR:	Date Forwarded to Payroll:

<input type="checkbox"/> JMAC Resources	<input type="checkbox"/> JMAC ReadyMix
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<input type="checkbox"/> JCO	<input type="checkbox"/> Pronghorn, LLC
<input type="checkbox"/> WDW	<input type="checkbox"/> _____

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Transfer Safety Training Needs

Supervisors, after approval please complete this page and submit to HR with page one (Request to Hire).

Transfer's name:					
Transfer's contact number:					
Transfer's position:					
Who is this employee's direct supervisor?					
Potential hire's division (ie: construction, crushing, frac heater, etc.)					
Has this employee attended PEC Safeland Training?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this employee need Zonar Training	Yes	No	Does this employee need One Basin?	Yes	No
Does he/she carry a CDL?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes:	<input type="checkbox"/> Hot Shot	<input type="checkbox"/> Class B
				<input type="checkbox"/> Class A	

Supervisors please check any anticipated equipment training needs for this employee:

<input type="checkbox"/> Side dump	<input type="checkbox"/> Pneumatics	<input type="checkbox"/> Scraper	<input type="checkbox"/> Horizontal Directional Drill
<input type="checkbox"/> Lowboy	<input type="checkbox"/> Trencher	<input type="checkbox"/> Dozer	<input type="checkbox"/> Backhoe Loader
<input type="checkbox"/> Belly Dump	<input type="checkbox"/> Excavator	<input type="checkbox"/> Compactor	<input type="checkbox"/> Aerial Lift
<input type="checkbox"/> End Dump	<input type="checkbox"/> Skid Steer	<input type="checkbox"/> Articulating Truck	<input type="checkbox"/> Forklift
<input type="checkbox"/> Water Truck	<input type="checkbox"/> Tele-handler	<input type="checkbox"/> Highway Truck	<input type="checkbox"/> Hydrogen Sulfide
<input type="checkbox"/> Vac Truck	<input type="checkbox"/> Wheel Loader	<input type="checkbox"/> Motor Grader/Blade	<input type="checkbox"/> Respirator Fit Test
<input type="checkbox"/> Mixer Truck	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Heater truck	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Supervisors please check any anticipated client specific training needs for this employee:

<input type="checkbox"/> Hess	<input type="checkbox"/> Hunt	<input type="checkbox"/> Oasis	<input type="checkbox"/> Conoco
<input type="checkbox"/> XTO	<input type="checkbox"/> Whiting	<input type="checkbox"/> One Way	<input type="checkbox"/> Enbridge
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> ISN Number: _____