



**SUPERVISOR/EMPLOYEE REQUEST FORM
FACILITY, JOB, SHIFT CHANGES
&
2ND POSITION REQUESTS**

Request must be approved by original supervisor and then submitted with a Personnel Action Form to Human Resources.

EMPLOYEE'S NAME: _____

DATE OF REQUEST: _____ DEPARTMENT: _____

REQUEST INITATED BY: _____ Employee _____ Supervisor

Please check ALL APPLICABLE AREAS:

_____ Shift Change:
From _____ to _____

Supervisor's Signature _____ Effective: _____

_____ Facility Change:
From _____ to _____

Present Supervisor's Signature _____ Dated: _____

New Supervisor's Signature _____ Effective: _____

_____ Status/Position Change:
From _____ to _____

Present Supervisor's Signature _____ Dated: _____

New Supervisor's Signature _____ Effective: _____

_____ 2nd Position Request: 2nd Department: _____

Present Supervisor's Signature _____ Dated: _____

New Supervisor's Signature _____ Effective: _____

I understand any changes in my position may result in a change of pay. I also understand this request will be active for only 30 days.

EMPLOYEE SIGNATURE: _____ DATE: _____