



EMPLOYEE REQUEST FOR POSITON CHANGE

Name \_\_\_\_\_

Date \_\_\_\_\_

Current Position \_\_\_\_\_

Department \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Position Applying For \_\_\_\_\_

Dept. \_\_\_\_\_

Describe your qualifications for the desired position:

Education \_\_\_\_\_

Experience \_\_\_\_\_

Training \_\_\_\_\_

ABILITY TO PERFORM JOB FUNCTIONS

Are you able to perform the essential functions of the job for which you are applying?

Yes       No    Why not: \_\_\_\_\_

Hours and days you are open to work: \_\_\_\_\_  
(Varies with Position)

(A copy of the job description for the position is available from Human Resources.) If driving is required, we will require proof of insurance and a DMV report

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You must meet the minimum requirements of the position.

Signature \_\_\_\_\_

Date Submitted to Human Resources \_\_\_\_\_

**(Please give a copy of this form to your “current” supervisor. Your immediate supervisor will be asked to provide a reference.**

PLEASE ATTACH YOUR RESUME AND ANY OTHER INFORMATION YOU BELIEVE IS APPROPRIATE.