

REQUEST FOR CHANGE OF WORK ASSIGNMENT

This Form is to be used only to request a change of work assignment from your present job title to a vacant job with the same title. It is not to be used as a request for promotion or for any change of work assignment that will also involve a change in present job title or grade.

- See Article 12.1 (b) of the Union University Agreement
- Must be submitted 5 calendar days prior to date of the final approval to fill the vacancy
- Is valid for 12 months from date submitted; becomes void if offer is made and refused
- Made at the discretion of management based on work unit seniority

Name _____ PSU ID _____

Title _____ Grade _____

Work Unit Seniority Date _____

Current Shift _____ Current Days Off _____

Custodial: Current District _____ Current Building(s) _____

Trades: Current Work Group _____

I request a change to:

Shift _____ Days Off _____

Custodial: District _____ Building(s) _____

Trades: Work Group _____

Signatures: _____
Employee Date

Supervisor Date

Supervisors email completed form to **Custodial** (sk1100@psu.edu) OR **Trades** (opphrcon@psu.edu)

Administrative Use Only:

Effective Date: _____

New Work Assignment: _____
