

DEPARTMENT OF STREETS AND SANITATION
Request for Change of Job Assignment

Fill out this form to describe the change requested and return the completed form to your Personnel Liaison

Name _____

Address _____

Employee # _____ **Payroll #** _____

This is a request for change of

SHIFT

DAYS OFF

JOB LOCATION

Current Title _____

Current Bureau _____

Current Location _____

Desired Dept. _____

Desired Location _____

Desired Shift _____

Desired Days Off _____

Employee Signature _____ **Date** ____ / ____ / ____

Accepted By _____

Title _____ **Date** ____ / ____ / ____