

Instructions:

This form shall be completed only by **current DGS employees** who are in the same classification indicated in Section 1. Employees must review Section 1 to acknowledge the reporting location information of the available shifts, complete Section 2 with their current job information, and indicate their shift preference in Section 3.

This form must be submitted to the contact person/address in Section 4 **NO LATER** than the specified cutoff date below.

**SECTION 1. REPORTING LOCATION INFORMATION**

BARGAINING UNIT CLASSIFICATION REGION (if applicable)

REPORTING LOCATION STREET ADDRESS CITY STATE ZIP CODE

MEMORANDUM OF UNDERSTANDING EFFECTIVE DATES ARTICLE NUMBER

CUTOFF DATE (form must be returned **NO LATER** than this date)

**SECTION 2. EMPLOYEE CURRENT JOB INFORMATION**

LAST NAME FIRST NAME MI CLASSIFICATION

DIVISION OFFICE REGION (if applicable)

WORK STREET ADDRESS CITY STATE ZIP CODE

WORK SCHEDULE DAYS (i.e., Monday-Friday) WORK SHIFT WORK HOURS (start-end)

SUPERVISOR FULL NAME (Last, First M.I.) SUPERVISOR WORK PHONE NUMBER

**SECTION 3.**

Indicate your shift preference by ranking the available shifts listed below in order of preference, 1 being the employee's first choice.

**AVAILABLE SHIFTS (WORK SHIFT/SCHEDULE/HOURS):**

Ex: DAYS - MONDAY-FRIDAY / 8:00 AM – 5:00 PM

**SHIFT PREFERENCE RANK (1-3)**

1 2 3

1 2 3

1 2 3

EMPLOYEE STATEMENT

EMPLOYEE SIGNATURE

BEST CONTACT PHONE NUMBER

DATE

**SECTION 4. ADDRESS TO SEND SHIFT CHANGE FORM (EMPLOYEE RESOURCE LIAISON)**

CONTACT PERSON NAME WORK EMAIL ADDRESS

STREET ADDRESS CITY STATE ZIP CODE

**SECTION 5. EMPLOYEE RESOURCE LIAISON (ERL) USE ONLY**

DATE FORM RECEIVED BY HIRING OFFICE SENIORITY (months) DATE VALIDATED

SENIORITY VALIDATED BY ERL (NAME)