

The SEIU Agreement, Article 12 provides the following procedures concerning appointment fraction and shift changes within a department.

Employees desiring to increase or decrease their assigned appointment fractions may submit a written request to the department Director or designee. Request forms will be maintained for the calendar year. If a change in appointment fraction becomes available, it will be awarded to the highest seniority employee who has submitted a request form within the current calendar year. The University will make every effort to accommodate all requests whenever practicable.

Employees desiring to change their shift may submit a written request to the director or designee. Request forms will be maintained for the calendar year. When a position on a different shift is available it will be offered by seniority to employees with a request form on file. Bargaining unit employees who submit a request within the submission period will be considered, and the highest seniority employee will be assigned.

Last Name:		First Name:		Middle Name:
UMID:		Department:		
Present Classification Title and Pay Grade:		Supervisor:		
Present Work Days:		Present Working Hours:		
Present Hours Per Week:				

REQUEST FOR APPOINTMENT FRACTION OR SHIFT CHANGE WITHIN YOUR CLASSIFICATION AND DEPARTMENT.

Range of Starting Times: 7:00 a.m. - 3:30 p.m. 4:00 p.m. - 12:30 a.m. 12:00 a.m. - 8:30 a.m.	Requested Work Days: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Requested Working Hours: <input type="checkbox"/> 40 <input type="checkbox"/> 20 <input type="checkbox"/> Other _____
Requested In Which Location:		Name of Employee Now Working in Position Requested (if known):
Bargaining Unit Seniority Date:	Currently: <input type="checkbox"/> 12-Month <input type="checkbox"/> Seasonal	Would you consider a Seasonal position? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYEE SIGNATURE:		Date Signed:

FOR DEPARTMENT USE ONLY:	
SUPERVISOR/DEPARTMENT SIGNATURE:	DATE RECEIVED: