**STATUS CHANGE– REQUEST FORM**

**PLEASE NOTE: FORM MUST BE COMPLETED IN FULL TO BE CONSIDERED. IN ADDITION, THE COMPLETED COPY MUST BE EMAILED TO YOUR CURRENT MANAGER, YOUR PREVIOUS MANAGER AND HUMAN RESOURCES: [HRFORMS@BCHSYS.ORG](mailto:HRFORMS@BCHSYS.ORG)**

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| **NAME:** | **DATE OF REQUEST:** |
| **CURRENT DEPARTMENT & STATUS:** | **PREVIOUS DEPARTMENT & STATUS** *(applies to REVERTING TO PREVIOUS POSITION REQUESTS only)***:** |
| **CHANGE REQUEST** *(please select the type of status change you are seeking)***:**   * **CASUAL STATUS REQUEST (COMMITMENT OF 8 SHIFTS IN 3 MONTHS)** * **REVERT TO PREVIOUS**   **POSITION REQUEST**   * **CROSS TRAINING REQUEST** | ***REQUESTED* EFFECTIVE DATE** *(must align with the beginning of a pay period)*:  **REQUESTED DEPARTMENT & STATUS TO CROSS-TRAIN** *(applies to CROSS TRAINING REQUESTS only)***:** |

**REASON FOR REQUEST:**

**PLEASE EXPLAIN IN FURTHER DETAIL THE REASON FOR YOUR REQUEST:**      

***\*\*FOR CASUAL STATUS REQUESTS ONLY*: PLEASE COMPLETE THE SECTION BELOW.**

**I       (PLEASE TYPE NAME) CONFIRM THAT BY REQUESTING TO TRANSFER TO CASUAL-STATUS, I WILL NO LONGER HOLD MY CURRENT POSITION. IN ADDITION, I UNDERSTAND THAT IN ORDER TO MAINTAIN A CASUAL-STATUS, I MUST ACCEPT A MINIMUM OF EIGHT (8) SHIFTS WITHIN A PERIOD OF THREE (3) CONSECUTIVE MONTHS.**

***NOTE: ALL CASUAL STATUS REQUESTS MUST BE SUBMITTED A MINIMUM OF TWO (2) WEEKS PRIOR TO REQUESTED TRANSFER DATE. YOU WILL BE NOTIFIED BY YOUR MANAGER ONCE REQUEST HAS BEEN REVIEWED.***