**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**

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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.***