

Crew Change Request Form

Medical

If you need to request a crew change for medical reasons, here are the steps you should take:

- 1. Complete this Crew Change Request Form
- 2. Attach a copy of your class schedule and MEDICAL verification from your healthcare provider.
- 3. Return this form to the Work Program Office

Name: _____ Year: _____ Date: _____

Box Number: _____ Cell Phone: _____ Room Phone: _____

Current Work Crew: _____ Previous Crews: _____

Requested Work Crew: _____ Campus License: YES or NO

Please explain request thoroughly:

_____ and I have spoken regarding her/his need to transfer work crews.
Student Worker Name

Crew Supervisor Signature

Date

For WPO Use Only:

Processed, student moved to: _____ Hold for documentation: _____

SUPERVISOR SECTION

_____ has requested to transfer crews, please indicate the following information.

I am:

_____ Willing to release this worker without a replacement.

_____ Willing to release this worker only if a replacement is provided.

_____ Not able to release this worker at this time.

Additional comments:

Supervisor Signature

Date