

Crew Change Request Form

Non - 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. Have your current supervisor complete page 2 of this form
3. Return completed 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:

If not assigned to requested crew, I am willing to:

_____ remain on current crew _____ be assigned to ANY crew

All Crew Change Requests will be reviewed upon receipt and students will be notified of any crew change. Please note: The WPO does not guarantee any crew changes during the academic year.

Student Signature

Date

For WPO Use Only:

Processed, student moved to: _____ Remain On Current Crew: _____

WPO signature: _____ Date: _____

SUPERVISOR SECTION

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

I am:

_____ Willing to release this worker **THIS SEMESTER** without a replacement.

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

_____ Willing to release this worker at **SEMESTER BREAK** without a replacement

_____ Willing to release this worker at **SEMESTER BREAK** only if a replacement is provided.

Additional comments:

Supervisor Signature

Date