

APPENDIX C

REQUEST FOR ASSIGNMENT FOR UTLA UNIT MEMBERS
REPORTING TO HEALTH AND HUMAN SERVICES

This form is to be completed by UTLA-Represented Health and Human Services employees seeking a change from their current assignment. The completed form is to be submitted to the employee's immediate unit administrator.

Employee Name: _____

Employee Number: _____

Job Title: _____

Assigned Unit: _____

Immediate

Administrator: _____

Current Assignment: _____

Contact Phone #: _____

Email: _____

Assignment

Request: _____

Employee Signature: _____ Date: _____