



REQUEST FOR CHANGE OF EMPLOYMENT AVAILABILITY

I. ELIGIBLE STATUS CHANGE (CHECK ONE ONLY):

- I request that my name be returned to "ACTIVE STATUS". I understand that requests received by the third Friday of the month will become effective on the first business day of the following month.
- I request that my name be placed on "INACTIVE STATUS". I understand that this request will become effective the next business day following receipt in the Department of Human Resources Certification Office and will not affect any current Notice of Certification.

II. EMPLOYMENT AVAILABILITY CHANGE: Requests become effective the next business day following receipt and have no affect of any current Notice of Certification.

A. CHECK ONLY those types and conditions of employment that you WILL ACCEPT. Any condition not checked will indicate that you will not accept positions having these employment conditions.

<u>EMPLOYMENT TYPE</u>	<u>WORK SCHEDULE</u>	<u>WORK SHIFT</u>
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Full Time: <input type="checkbox"/> Full Year <input type="checkbox"/> School Term Part Time: <input type="checkbox"/> Full Year <input type="checkbox"/> School Term	<input type="checkbox"/> Day (weekdays) <input type="checkbox"/> Graveyard <input type="checkbox"/> Swing <input type="checkbox"/> Weekends <input type="checkbox"/> Rotating

B. CHECK the boxes which apply to you:

- I have a valid California Drivers License and will accept employment which requires DRIVING. I understand that I must be insurable under that department's automobile insurance policy and must maintain insurability. I further understand that the hiring department may check my driving record.

- I will accept employment that requires HEAVY LIFTING.

C. Decide which is not applicable and **CHECK ONLY ONE BOX.**

- I am willing to accept all departments (if this item is checked, do not check either of the boxes below).

I WILL ONLY ACCEPT the following departments:

I WILL NOT ACCEPT the following departments:

ELIGIBLE LIST TO BE AFFECTED

CLASS NO	CLASS TITLE	RANK & LIST NO (if available)	LIST SPECIALTY (if available)	DHR USE ONLY (ID)

PRINT NAME

SOCIAL SECURITY #

SIGNATURE

DATE

FOR
 DHR USE
 ONLY

COMMENTS:

APPROVE BY & DATE:

EFFECTIVE DATE: