

# JOB SWAP REQUEST

PART I – DIRECTLY-IMPACTED EMPLOYEE		PART II – NON-IMPACTED EMPLOYEE	
Business Unit		Business Unit	
Employee Name <i>(First, Middle Initial, Last)</i>		Employee Name <i>(First, Middle Initial, Last)</i>	
Position Title/Series/Grade		Employee SSN <i>(Last 4 digits only)</i>	
Position Description #		Position Title/Series/Grade	
Post of Duty <i>(City, State)</i>		Position Description #	
Work Schedule <i>(full-time, seasonal, part-time)</i>		Post of Duty <i>(City, State)</i>	Work Schedule <i>(full-time, seasonal, part-time)</i>
Have you job swapped within the past three years?		Have you job swapped within the past three years?	
Fax #		Fax #	
Manager's Name	Phone	Manager's Name	Phone
Employee Signature	Date	Employee Signature	Date

## PART III – MANAGEMENT APPROVAL/DISAPPROVAL

	Directly-Impacted Employee	Non-Impacted Employee
1. Does the employee have a Fully Successful (or higher) rating of record?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are the employees occupying positions at the same grade level?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will the directly impacted employee be able to perform the duties of the position he/she will be swapping into with little or no formal training and/or minimal on-the-job instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Reviewing/Approving Official for Impacted Employee		Reviewing/Approving Official for Non-Impacted Employee	
<b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED</b> <input type="checkbox"/> Reason for Disapproval:		<b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED</b> <input type="checkbox"/> Reason for Disapproval:	
<i>*Each business unit determines the level of approval needed for job swaps. Please check on approval level within your organization prior to submitting to Personnel.</i>			
Reviewing/Approving Official Signature	Date	Reviewing/Approving Official Signature	Date
Next Level Review/Approval Signature <i>(if required)</i>	Date	Next Level Review/Approval Signature <i>(if required)</i>	Date

PART IV – EMPLOYMENT BRANCH QUALIFICATIONS VALIDATION		PART V – FINAL REVIEW – Business Unit Job Swap Coordinator	
<b>Both Applicants Are Qualified</b> <input type="checkbox"/> <b>One or Both Applicants Are Not Qualified</b> <input type="checkbox"/> Reason for Disapproval:		<b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED</b> <input type="checkbox"/> Reason for Disapproval:	
<i>*Qualifications will be determined by the Employment Branch.</i>			
Signature	Date	Signature	Date