



Department of Facilities Management

### Interest Form

**Lateral Movement:**

We understand there are times when a team member may need or want to change their shift or work in different area/building. We will try to accomodate these requests when possible. To request a change, please fill out the form below and turn it in to your supervisor. As positions/shifts become available, the department manager will consult the interest forms to see if there is anyone interested in the opening.

**Considerations:**

- Time since last move
- Reason for the request
- Past performance and skills dependability

Client interface

Employee Name (Print): \_\_\_\_\_ Emp ID: \_\_\_\_\_

**Current Position Information**

Department (circle one):      HRL   OR   E&G

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Building: \_\_\_\_\_ Shift: \_\_\_\_\_

**Desired position Information**

Department (circle one):      HRL   OR   E&G

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Building: \_\_\_\_\_ Shift: \_\_\_\_\_

Reason for request: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Mangement Use Only**

Is this team member eligible for this move?    YES    NO

If no, explain: \_\_\_\_\_

Date this was communicated with the employee: \_\_\_\_\_

If yes, date request was completed: \_\_\_\_\_