

**REQUEST FOR AUTHORIZATION TO
 JOB SHARE**



To: HUMAN RESOURCES, ATTN: _____ HUMAN RESOURCES SERVICES MANAGER
 FROM: _____ DATE: ____ / ____ / ____

POSITION/EMPLOYEE SECTION

IN ACCORDANCE WITH SECTION 4(B)(2) OF ORDINANCE NO. 440, REQUEST THAT TWO PART-TIME EMPLOYEES SHARE ONE FULL TIME REGULAR POSITION:

OPTION #1 (WITH INCUMBENT)

THE _____ *DEPARTMENT HAS TWO CURRENT REGULAR EMPLOYEES WHO WILL JOB SHARE*
 JOB CLASSIFICATION: _____ JOB CODE: _____
 PC# _____ DEPARTMENT ID/BUDGET UNIT: _____
 INCUMBENT #1 NAME: _____ EMPLOYEE No. _____
 INCUMBENT #2 NAME: _____ EMPLOYEE No. _____

OPTION #2 (POSITION ONLY)

THE _____ *DEPARTMENT HAS A CURRENT EMPLOYEE WHO WILL JOB SHARE A POSITION*
 JOB CLASSIFICATION: _____ JOB CODE: _____
 PC# _____ DEPARTMENT ID/BUDGET UNIT: _____
 INCUMBENT #1 NAME: _____ EMPLOYEE No. _____

OPTION #3 (CANCELLATION)

THE _____ *DEPARTMENT REQUESTS THE FOLLOWING POSITION IS NO LONGER DESIGNATED AS JOB SHARE*
 JOB CLASSIFICATION: _____ JOB CODE: _____
 PC# _____ DEPARTMENT ID/BUDGET UNIT: _____

DEPARTMENT SECTION

 DEPARTMENT HEAD/DESIGNEE _____
 DATE

THIS FORM MUST BE SUBMITTED TO HUMAN RESOURCES PRIOR TO EMPLOYEES' HIRE DATE OR CHANGE IN STATUS DATE. A COPY OF THE APPROVED FORM MUST BE ATTACHED TO THE EMPLOYEE TRANSACTION FORM.

HUMAN RESOURCES ACTION

REVIEWED BY: _____ (HR Services Manager)

REQUEST IS: APPROVED DENIED (If Denied, explanation) _____

 HUMAN RESOURCES DIRECTOR/DESIGNEE _____
 DATE