

REQUEST TO CHANGE EMPLOYMENT OPTIONS

DATE SUBMITTED: _____

In regard to the position of _____
(position title)

Please approve the requests indicated by the check marks below:

A I wish to be placed on **inactive status** until further notice

B I will **accept:** 1 Part-time 2 Full-time 3 Supernumerary (Substitute)
 4 Seasonal 5 Temporary 6 Other _____

C I wish to update my application record and be certified **ONLY** to the selected jurisdictions
(Please mark jurisdictions below)

01-Mobile County	07-Bayou La Batre	14-MCEMA	20-Library
02-City of Mobile	09-Satsuma	15-Personnel Board	21-Creola
03-Prichard	10-Mt. Vernon	16-Prichard Water	22-Bayou La Batre Utilities
04-Chickasaw	11-Mobile Water	17-Saraland Water	24-Satsuma Utilities
05-Saraland	12-Health Dept.	19-Racing Comm	25-Chickasaw Utilities
06-Citronelle	13-Housing Board		

WRITE-IN DEPARTMENT:

Driver's License #: _____

Expiration Date: _____

Signed: _____ Print Name: _____

Address _____ Telephone _____

Email Address _____
(required)

I request to be **transferred** from _____ to _____
(Employment Register)

P.O Box 66794, Mobile, AL 36660 / 1809 Government St., Mobile, AL / Fax (251) 445-2203 /

MCPB ONLY: DATE APPROVED: _____ DATE DENIED: _____

REMARKS: _____