

## **Request for Change of Status**

I currently hold the following pos	ition: (Please check one.)			
Full Time Bus Driver				
Full Time Bus Aide/Monitor				
Part Time Bus Driver Traine	ee			
Effective	; I request to change my stat	us to: (F	Please check of	ne.)
Full Time Permanent Subst	titute Bus Driver			
Full Time Bus Aide/Monitor				
Part Time Substitute Bus D	river*			
Part Time Substitute Bus A	ide/Monitor*			
*I understand that <b>no benefits</b> a Name:				
Address:				
Current Position:	City, State			Zip Code
Current Work Location:				
Munis Number:				
Employee Signature			Date	
Student Transportation Manager	r or Designee		Date	
CHRO/HR Designee		Date		

I understand that it is my responsibility to keep the Dispatch Office informed of my availability, preferably by close of business Friday of each week.