

ARKANSAS ENTERPRISES FOR THE DEVELOPMENTALLY DISABLED, INC.

REQUEST FOR CHANGE IN POSITION

We are an Equal Opportunity Employer. AEDD only accepts applications/requests for change in position for positions that are currently available and all applicants will be considered for employment based on their qualifications. AEDD does not unlawfully discriminate on the basis of race, color, religion, national origin, age, gender, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Name: _____

Date: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Present Position: _____

Employees must be in their current position for a minimum of 90 days before a request to transfer departments will be granted.

Reason for Request: _____

Requested Position: _____

Education/Experience Relevant to the Requested Position: _____

Are you able to perform the essential functions of the job for which you are applying, without reasonable accommodation? Yes No

If no, please explain: _____

Employee Signature: _____



Supervisor Signature: _____