

Application for Change in Classification

Raytheon Integrated Defense Systems

FOR PERSONNEL
DEPT. USE ONLY

4029171prs

PORTSMOUTH OPERATION

EXPIRATION DATE		DATE FILED
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Name of Employee: _____ Payroll No.: _____ Dept. No.: _____
 Seniority Date: _____ Social Security No.: _____
 Present Occupational Title and Code No.: _____ Shift: _____
 Name of Immediate Supervisor: _____ Location: _____ Extension: _____
 Reason for Requested Change: _____

Please list the three (3) classifications for which you wish to be considered Shift Desired

1. _____

2. _____

3. _____

List your work experience and specialized education you think qualifies you for the occupational title(s) you seek.

WORK EXPERIENCE	COMPANY	OCCUPATIONAL TITLE	SUPERVISOR	FROM	TO	WHAT DID YOU DO	

SPECIAL EDUCATION	SCHOOL	COURSE	FROM	TO	DID YOU PASS	MARK	

Date: _____ Employee's Signature: _____

THIS APPLICATION IS SUBJECT TO THE FOLLOWING REGULATIONS:

1. Priority of consideration of requests for transfer to a difference class shall be governed by the employee's plant seniority date.
2. Any single request for transfer shall have validity for six (6) months from the date of its filing only, and the responsibility for renewing it shall be on the employee, should he care to do so.
3. The Company shall maintain a list of applications and, as employment placement needs exist which are not filled by operation of Article 19.3, A & B of the Agreement, shall consider the applicants on the basis of qualifications expected of newly hired employees. Vacancies shall be filled from among such employees as are qualified, provided, however, that such employees must be as fully qualified to perform the available work as any new hire.