



PERCENT CHANGE REQUEST

I. EMPLOYEE INFORMATION

Name of Employee: _____ Employee PIN: _____

II. CURRENT PERCENT/LOCATION

Jurisdiction { } District Court _____ Department: _____

Location: _____ Current % of Employment: _____

III. NEW PERCENT/LOCATION

Effective Date of Change: _____

New Work Location: _____ New Office Phone #: _____

New Supervisor: * _____

New % of Employment: _____

Is this change permanent or temporary? { } Permanent { } Temporary End Date: _____
(If temporary, enter the end date)

***Please include an updated organizational chart with your requested change.**

IV. APPROVAL

Supervisor / Date

Administrative Official / Date

Please return this form to: Administrative Office of the Courts
Office of Employment Services
580 Taylor Avenue, A-1
Annapolis, MD 21401

V. RECEIVED/ASSIGNED

Date Action Received: _____ Assigned to OES: _____