

## REQUEST FOR CHANGE OF CRAFT WITHIN SAME INSTALLATION/CITY

**TO: PERSONNEL SERVICES  
U.S. POSTAL SERVICE  
1 POST OFFICE DRIVE  
SAN ANTONIO TX 78284-9422**

The following information must be addressed in order for your request to be considered. Use reverse side if additional space is needed:

Name: \_\_\_\_\_ Employee ID : \_\_\_\_\_

Home Address (City/State/Zip+4): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

States(s) in which you are licensed to drive: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

Reason for requesting reassignment: \_\_\_\_\_

Position you wish to be considered for: \_\_\_\_\_

Current Position, Title & level: \_\_\_\_\_

Name & complete address of Station/Post Office where you now work:  
\_\_\_\_\_

Manager's/Supervisor's Name: \_\_\_\_\_ Pay  
Location: \_\_\_\_\_

Date you began employment with the U.S. Postal Service: \_\_\_\_\_

If sick leave balance is low, explain any extenuating circumstances: \_\_\_\_\_

Have you received disciplinary action (letter of warning, suspension, etc.)?  Yes  No  
If yes, provide dates & details: \_\_\_\_\_

Have you had industrial or vehicle accidents on the job?  Yes  No  
If yes, provide dates & details: \_\_\_\_\_

Do you have physical limitations or currently require a job modification?  Yes  No  
If yes, provide details: \_\_\_\_\_

List awards/recognition you have received in your current position: \_\_\_\_\_

**IF YOU ARE SEEKING A POSITION WITH DRIVING DUTIES, COMPLETE AND SUBMIT PS FORM 2480**

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date