

## 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:

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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: \_\_\_\_\_

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Have you received disciplinary action (letter of warning, suspension, etc.)?  Yes  No

If yes, provide dates & details: \_\_\_\_\_

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Have you had industrial or vehicle accidents on the job?  Yes  No

If yes, provide dates & details: \_\_\_\_\_

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Do you have physical limitations or currently require a job modification?  Yes  No

If yes, provide details: \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date