er i				

OM-500 Changes to Assignment

This worksheet is used to process changes to an assignment, position or for all re-assignments for all employees except for EAS and

Submit completed worksheet to "HRSSC OM (Area name)"									
Installation Name	District Name	Cost Center # (Fin #)							
1 Submitter Name	Submitter Pho	Subsided as Date							
Submitter Name	Submitter Pile	one number	Submission Date						
	Employee 1	Employee 2	Employee 3						
Select the Action		Employee 2	Employee						
Detailed Below									
2 Employee Information	***								
* Employee Name									
* Employee EIN									
* Effective Date									
3 Position Information (if request Current Position Number	st is for reassignment of a current e	employee the information in section 3	is not required)						
Installation Name									
Cost Center Number (Fin #)									
Org Unit Name									
Org Unit Number		÷							
4 New or Changed Position Inf	ormation								
New Position Number									
Occupation Code									
Org Unit Name									
Org Unit Number									
Position Title									
Position Level									
Schedule									
Limited Tour Hours (PTR only)									
Tour									
Section/Work Area									
Skill/Scheme/License									
Qualification									
Rural Route Number									
5 New or Changed Employee Int Pay Location	formation								
Pay Scale									
Special Pay Rate									
LDC									
EE-Group - (Designation Code)									
Sub-Group (Activity Code)									
Unassigned Reason Code									
Seniority Date									
Rank									
Contract Type									
For Offices with no email access, send hard copy to HRSSC, Organization Management, PO Box 970700, Greensboro, NC 27497-0700	*Explanation of Changes	Explanation of Changes	*Explanation of Changes						

^{*} Denotes required information. Missing information may cause process delay or return of worksheet.