

**Shift Change Checklist**

Employee Name \_\_\_\_\_

New Location: \_\_\_\_\_

New Shift: \_\_\_\_\_

Reason: \_\_\_\_\_

**HR Specific Documents**

Job Description (If a new type of position)

**Location Specific Trainings**

ALU Training

**Individualized trainings**

IP/BP (for all individuals in assigned location)

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**Applicable Specialized trainings**

(Specific for the individuals in the assigned location,  
to be verified with Program Department)

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**Applicable DDA trainings**

(If move requires additional DDA mandated trainings)

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