

Pepco CHANGE OF DUTY FORM

DATE:

in accordance with Article 5, Section 5.19 of the Pepco-Local IBEW, Collective Bargaining Agreement, Change of Duty Notification is submitted for the following job (Must be completed in its entirety):

| | | | |
|--|-----------|----------|---------------------|
| JOB TITLE | | JOB NO. | PAY GRADE select |
| DEPARTMENT | DEPT. NO. | LOCATION | EXT. |
| NAME OF PERSON FILING THIS FORM (Please Print) | | | |

| DESCRIPTION OF ADDED OR DELETED JOB DUTY | DATE OR DUTY CHANGE | DUTY PERFORMED DAILY, WEEKLY, MONTH, ETC. (SPECIFY) | TIME REQUIRED EACH DAY, WEEK, MONTH, ETC. (SPECIFY) |
|--|---------------------|---|---|
| | | | |

Was the duty previously performed by another classification? If so, please identify by classification and pay grade.

What additional skills, training or experience was required to perform this work:

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If the duty involves new machinery, software, tools or equipment, explain how.

Before the change, how was the task/function performed, if at all?

Were any duties or tasks deleted as a result of this change:

If you believe this is a substantial change of duty and/or responsibility, explain why.

SIGNATURE OF PERSON FILING

X

DATE SUBMITTED

RECEIPT OF CHANGE FORM ACKNOWLEDGED BY DEPARTMENT HEAD

X

DATE RECEIVED

ON RECEIPT OF A CHANGE OF DUTY FORM, THE DEPARTMENT HEAD SHOULD SIGN THE FORM ACKNOWLEDGING RECEIPT, FURNISH THE SUBMITTER WITH A COPY AND PROMPTLY SEND TWO (2) COPIES TO THE INDUSTRIAL RELATIONS DEPARTMENT, WHICH WILL FORWARD ONE COPY TO THE UNION PRESIDENT.

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