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## PRIMARY JOB ASSIGNMENT

Initial  Transfer  Change:  Employee Initiated  Employer Initiated

I, \_\_\_\_\_, have accepted the \_\_\_\_\_ position of \_\_\_\_\_  
employee name FT or PT job title

at/with \_\_\_\_\_ . I understand that as of \_\_\_\_\_ my regular permanent schedule is:  
facility effective date

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat

*FLOAT schedules vary with two designated days off per week - - - - -*

Notes: TOTAL hours per pay period \_\_\_\_\_

The rate(s) of pay that has been discussed and agreed upon for this position is \* \_\_\_\_\_ /\$12.00/\$10.33  
\*Rate change not applicable for schedule changes regular / training / sleep

- I understand that due to occasional client/staffing needs, it may become necessary to adjust permanently scheduled hours on an as need basis.
- I understand that a change may result in adjustment to benefit eligibility. I also understand the *Schedule Adjustment Request Policy* and I am making this request in keeping with that policy. I realize that this request must be signed and approved before the schedule change can go into effect.
- I understand that ongoing employment is at will.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

JOB ASSIGNMENT: APPROVED UNAPPROVED OFFICE PROCESSING DATE: \_\_\_\_\_ INITIALS \_\_\_\_\_