

# GC-21NP Temporary Job Change Request Form

Licensee Name \_\_\_\_\_  
Licensee # \_\_\_\_\_  
Date of Request \_\_\_\_\_  
Name \_\_\_\_\_  
NMGCB Key or Work Permit # \_\_\_\_\_

**Job currently held:**

Circle one      Gaming Manager      Cashier (If Key approved)  
Other \_\_\_\_\_

**I am requesting to work in lieu of the:**

Circle one      Gaming Manager      Cashier      Other \_\_\_\_\_

The date(s) or date range I will temporarily fulfill these duties are: \_\_\_\_\_

I understand that I cannot review gaming documentation that I have prepared on the date (date range).  
The following person will review any gaming documentation I have prepared during this time:

\_\_\_\_\_

The reason I am requesting this is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please fax this request to your assigned auditor at 505-841-9720**  
**Please fax this request to your assigned enforcement agent at 505-841-9725**