CHANGE OF WORK SCHEDULE REQUEST FORM

Name: _____ **Date Request Made:** _____

Current Schedule:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start							
Stop							
Lunch Start							
Lunch Stop							
Start							
Stop							
# Hours							

Total Hours/Week	

Effective date for change:_____ Permanent/Temporary Change

If temporary change - date to return to current schedule:

Proposed Schedule:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start							
Stop							
Lunch Start							
Lunch Stop							
Start							
Stop							
# Hours							

Total Hours/Week	

Reason for change:

Does the change impact qualification for benefits (20 hours for vacation/25 hours for insurance)? Yes No

_____ _____

Employee Signature Date Supervisor Signature Date

Modified in Computer Schedule Signature_____Date_____
Copy provided to Payroll
Copy provided to Administrative Coordinator