# 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:

_____ _____

Employee Signature Date Supervisor Signature Date

| " Modified in Computer Schedule | Signature | Date |
|---|---|---|