

Change in Work Schedule

Employee Name:	Request Date:
Employee ID:	Supervisor:
Dept. ID:	Program/ Dept.:
Status Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Limited Term	Hrs/Week:
Work Schedule Change: <input type="checkbox"/> Temporary; Duration: _____ <input type="checkbox"/> Permanent	Effective Date: (beginning of the pay period)

Current Work Schedule	Please select one: (if both weeks differ from one another, then please indicate in comments area)
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New Work Schedule							
Note Regular Days Off by using "RDO" and include the length of the meal period. It is not necessary to include the start and stop time of the meal breaks.							
Week 1	Sunday	Monday	Tuesday	Wed.	Thursday	Friday	Saturday
Time In/Out							
Meal Break							
Week 2	Sunday	Monday	Tuesday	Wed.	Thursday	Friday	Saturday
Time In/Out							
Meal Break							
Comments:	_____ _____ _____						
HR use only	Action:			Action Reason:			

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HR Specialist Signature: _____ Date: _____