



WORK SCHEDULE / SHIFT CHANGE NOTICE

Date of Request

Last Name	First Name	FTE:	Employee A Number
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Position Title	Position is Overtime Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Number
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Start Date of Change	End Date of Change (if temporary)	Work Unit
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Schedule/Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Current Week 1							
Lunch Period							
Current Week 2 (if different from Week 1)							
Lunch Period							
Proposed Week 1							
Lunch Period							
Proposed Week 2 (if different from Week 1)							
Lunch Period							

The Proposed work schedule is eligible for Shift Premium (Majority of time spent working is between 5 PM and 7 AM)

Business need for Schedule / Shift Change – Not required if new schedule was mutually agreed to.

Check All That Apply:	<input type="checkbox"/> Supervisor's Notice to Employee <input type="checkbox"/> Employee's Request to Supervisor <input type="checkbox"/> Mutually Agreed Change <input type="checkbox"/> Permanent Change <input type="checkbox"/> Temporary Change <input type="checkbox"/> For Training Purposes <input type="checkbox"/> Emergency Schedule Change <input type="checkbox"/> Alternate Work Schedule (other than 9-80s) <input type="checkbox"/> Alternate Work Schedule of 9-80s (i.e., work 8-9 hour days and 1-8 hour day with 1 day off every other week). With this alternate work schedule, the work week starts at 12 noon on Friday and ends at 11:59 a.m. Friday.
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Prior written notice of schedule change was given to employee on _____, 20__

Employee Signature		Date	Supervisor's Signature
Date			

Original: Human Resource Services
CC: Employee, Unit Timekeeper, Payroll Office and Dean / Director