WORK SCHEDULE CHANGE FORM

HR must approve to ensure compliance with work hour requirements

Last Name	First Name	Position
Date of Request/Notice	Start Date of Change	End Date of Change (if temporary)

Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Current week 1	Off						Off
Lunch Period							
Current week 2	Off						Off
Lunch Period							
Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Proposed week 1	Off						Off
Lunch Period							
Proposed week 2	Off						Off
Lunch Period							

Business need for schedule change:		
Check All that apply	☐ Establish Schedule for new employee ☐ Managers notice to employee ☐ Employee's request to manager ☐ Mutually agreed change	☐ Permanent change ☐ Temporary change ☐ For training purposes ☐ Emergency schedule change
This Written notice of schedule change was given to the employee on **Month: Day: Year:**		
Employee Signature:		Date:
Manager Signature:		Date: