

REQUEST FOR WORK SCHEDULE CHANGE

FULL-TIME ADMINISTRATIVE, PROFESSIONAL, AND SUPPORT STAFF

Directions: Employee completes request and submits to immediate supervisor. Please print or type.

Employee Name

Department

Effective with the pay period beginning _____
(month/day/year)

I request that my work schedule be as follows:

Arrival Time

Lunch Period

Departure Time

I realize that I must maintain this schedule for at least three (3) months. It may be renewed, revoked, or have exceptions made following the program guidelines.

Employee Signature _____ Date _____

Department Head Name

Department

Department Head Signature _____ Date _____

Comments: