

Commute Trip Reduction

Responsibility

Employee

1. Complete Work Schedule Change Notice form and give to supervisor for approval.

Supervisor

2. Determines the business needs and, if approved, signs and sends to Human Resources. If the request is not approved, the supervisor informs employee within 5 working days.

Human Resources

3. Puts original in Personnel File

WORK SCHEDULE CHANGE NOTICE

Date:

Last Name:

First Name:

Middle Name or Initial:

Employee Number:

Class Title:

Position Is Overtime Eligible? YES/NO:

Current Position Number:

Effective Start Date:

Work Location and Unit:

Schedule/Shift (Current Work Week (Exact Hours)):

Sunday:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Lunch Hours (Current Work Week (Exact Hours)):

New Work Week (Exact Hours):

Sunday:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Lunch Hours - New Work Week (Exact Hours):

Program Need For Schedule/Shift Change - Not required if new schedule was mutually agreed to:

New Position Number (If Changed):

Check All That Apply:

Supervisor's Notice To Employee*:

Employee's Request To Supervisor:

Mutually Agreed Change:

Permanent Change:

Temporary Change:

For Training Purposes:

Date:

Employee Acknowledgement/Signature:

Date:

Supervisor's Signature: