

Employee Work Schedule Request Form

Employee Name: _____

Personnel Number: _____

Effective Date: _____

Division/Section: _____

(Effective Date – beginning of pay period)

Request Type:

Schedule Change

Start and End Time Change

Schedule Type (Choose One)	Start and End Times	Lunch Duration (Circle One)	*Holiday Start and End Times for 5-8 Schedule
5-8	M-F:	30 Minutes Or 1 Hour	
9-4	M-Th: F:	30 Minutes Or 1 Hour	
4-10	M-Th:	30 Minutes Or 1 Hour	
9-8 (First Friday Off)	M-Th: F:	30 Minutes Or 1 Hour	
9-8 (Second Friday Off)	M-Th: F:	30 Minutes Or 1 Hour	
**24/7 (Positive Time)		30 Minutes Or 1 Hour	

*Holiday Substitution Schedule is entered as 5-8's for those payroll weeks containing a State Holiday (Statutory or Declared). For the 9-8 schedule BOTH weeks in the affected holiday cycle will be updated.

**The 24/7 schedule is only offered to select employees on a business need. This form must be accompanied by a memo to the executive director requesting authorization.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

All schedule changes are subject to approval.