



Notice of Work Schedule Change

Instructions: This form is being completed to document official work schedule changes.

Forward completed document to Payroll Department in SH – 103.

NAME (Last, First MI)		EMPLOYEE ID NUMBER		EMPL REC	UNION
UNIT	DEPT. NAME	BEGIN DATE (mm/dd/yyyy)	END DATE (mm/dd/yyyy)		
JUSTIFICATION FOR ALTERNATE WORK SCHEDULE					

Temporary work schedule change. Returning to previous work schedule effective after the end date above.

Schedule changes must always be effective on Sunday, even if the employee does not work on Sunday

7 DAY WORK WEEK							
Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
Lunch Period (0*,30,60)							
End Time							
Number of Work Hours							
						TOTAL HOURS	

14 DAY WORK WEEK							
WEEK 1							
Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
Lunch Period (0*,30,60)							
End Time							
Number of Work Hours							
WEEK 2							
Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
Lunch Period (0*,30,60)							
End Time							
Number of Work Hours							
						TOTAL HOURS	

*0 minute lunch can only be selected if work day is 6 hours or less

Collective Bargaining Agreement	Notification Period	Verbal and/or Written Notification
Unit 1 – UAPD	14 days	Written
Unit 2,5,7 & 9 – CSUEU	21 days	Written
Unit 4 - APC	21 days	Written
Unit 6 – SETC	28 days	Written
Unit 8 – SUPA	21 days	Written

This request was initiated by the employee:

Employee agrees to waive the notification period:

Employee acknowledges he/she has been notified of this schedule change as noted by the dept. admin:

Employee notified on: _____

Employee agreed to waive notification period:

EMPLOYEE SIGNATURE	DATE
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SUPERVISOR SIGNATURE	DATE
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DEAN/DIRECTOR SIGNATURE	DATE
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