

# Request to Change Work Schedule Form

Employee Name/ID #: \_\_\_\_\_

Effective Date of New Schedule: \_\_\_\_\_

New Shift Start Time: \_\_\_\_\_

New Shift End Time: \_\_\_\_\_

Lunch Period Duration: \_\_\_\_\_

Days of week (Please circle):    M-F    MON    TUES    WED    THUR    FRI

Location(s): \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_