EMPLOYEE WORK SCHEDULE CHANGE FORM
ONE WEEK AT A TIME

This form is to be used for changing your work hours for a one week period for work related reasons only.

One form must be done for each week that a schedule change occurs.

Employee: _____

Reason for Change: _____

_____

_____

For this week only, I am changing my work hours to the following:

DATE	WORK DAY BEGINS	WORK DAY ENDS	# OF HOURS
Sun.			
Mon.			
Tues.			
Wed.			
Thurs.			
Fri.			
Sat.			
TOTAL WEEKLY HOURS			**37.5**

_____ _____
Employee's Signature Date

_____ _____
Supervisor's Signature Date

_____ _____
Timekeeper's Signature Date