

Change to or from Alternate Schedule

Employee Name (Print) _____

Employee I.D. _____

Department _____

Supervisor _____

This request for an alternate or regular schedule applies to the week beginning on Monday, _____, MM/DD/YY

ending on Sunday, _____ MM/DD/YY

Per CBA Article 20.3.1- A minimum of 7 days notice is required for a temporary schedule change. **Please note: a temporary schedule change is any schedule change that 21 calendar days or less.**

Per CBA Article 20.3.2- A minimum of 14 days notice is required for a permanent schedule change. **Please note: a permanent schedule change is any schedule change that lasts more than 21 calendar days.**

Proposed Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Start Time:								
End Time:								
Total Hours Each Day:								
Total Hours for the Week:								

For full-time employees, alternate schedules will consist of forty (40) hours of work, with at least two (2) consecutive days off, in a seven (7) day period. Absent mutual agreement, alternate schedules will not include split shifts. Article 20.2.

Requestor: Employee

Supervisor

Employee Signature _____

Date _____

Supervisor:

I approve of this employee request for an alternate schedule.

I do not approve of this employee request for an alternate schedule.

Supervisor Signature _____

Date _____

Please describe business or operating needs supporting your decision: