

WORK SCHEDULE CHANGE REQUEST

1. EMPLOYEE NAME	2. EMPLOYEE SSN (LAST 4)	3. ORG/DEPT	4. DATE						
5. TYPE OF CHANGE TO WORK SCHEDULE (check one) <input type="checkbox"/> Basic Work Schedule <input type="checkbox"/> Flexible Work Schedule <input type="checkbox"/> Flexitour <input type="checkbox"/> Gliding <input type="checkbox"/> Maxiflex <input type="checkbox"/> Flex-in/Flex-out <input type="checkbox"/> Compressed Work Schedule <input type="checkbox"/> 5-4-9 <input type="checkbox"/> 4-10 <input type="checkbox"/> 6-12-8		6. TYPE OF CHANGE TO WORK SCHEDULE (check one) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (<i>see comments in block #8 below</i>) <input type="checkbox"/> Other (e.g. Religious Time) (<i>see comments in block #8 below</i>)							
7. REQUESTED PAY PERIOD TOUR OF DUTY									
Week 1		SUN	MON	TUE	WED	THU	FRI	SAT	SUNDAY PAY
Tour of Duty	Start Time								<input type="checkbox"/> Yes
	End Time								<input type="checkbox"/> No
Night Diff	Start Time								<input type="checkbox"/> Yes
	End Time								<input type="checkbox"/> No
Week 2		SUN	MON	TUE	WED	THU	FRI	SAT	SUNDAY PAY
Tour of Duty	Start Time								<input type="checkbox"/> Yes
	End Time								<input type="checkbox"/> No
Night Diff	Start Time								<input type="checkbox"/> Yes
	End Time								<input type="checkbox"/> No
8. ADDITIONAL COMMENTS									
9. EMPLOYEE SIGNATURE								10. DATE	
11. WORK SCHEDULE CHANGE APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If no is checked, give reason in block #16 below</i>)								12. EFFECTIVE DATE	
13. AUTHORIZING OFFICIAL NAME PRINTED				14. AUTHORIZING OFFICIAL SIGNATURE				15. DATE	
16. REASON FOR DENIAL									