BEMIDJI STATE UNIVERSITY
NORTHWEST TECHNICAL
ADJUSTABLE WORK SCHEDULE CHANGE REQUEST FORM

Name: _____ Position Title: _____

Department: _____

Current Schedule:
Days of Week:
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Length of Shift: _____Hours Start Time: ____a.m./p.m. End Time: ____a.m./p.m.

I request my schedule to be changed to:
Days of Week:
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Length of Shift: _____Hours Start Time: ____a.m./p.m. End Time: ____a.m./p.m.

Effective Date: _____ End Date: _____

Reason for Request: _____

_____

Employee Signature: _____ Date: _____

Supervisor's Approval / Denial Signature:

Approved Signature: _____ Date: _____

Denied Signature: _____ Date: _____

Reason for Denial: _____

_____

Vice President Signature: _____ Date: _____

Human Resources Review:

Approved: _____ Date: _____

Original to Human Resources. Copies forwarded to supervisor and employee.