

**BEMIDJI STATE UNIVERSITY
NORTHWEST TECHNICAL
ADJUSTABLE WORK SCHEDULE CHANGE REQUEST**

1. Name: _____ Position Title: _____

2. Department: _____

3. 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.

4. 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.

5. Effective Date: _____ End Date: _____

6. Reason for request:

7. Employee Signature: _____ Date: _____

Supervisor's Approval / Denial Signature:

Approved: _____ Date: _____

Denied: _____ Date: _____

Reason for denial: _____

Vice President Signature: _____ Date: _____

Human Resources Review:

Approved: _____ Date: _____

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