



Notice in Change of Employee Work Hours

This form should be used when the Employer is notifying the Employee of a change in work hours. Please complete this form and make three copies (one each for the supervisor, the employee, and AFSCME Local Union). Original must be given to Human Resources on the day it is signed. Human Resources will post this notice in accordance with the collective bargaining agreements.

Effective Date: _____

Bargaining Unit: (circle one)

Employee Name: _____

AFSCME (posting required)

Supervisor: _____

MAPE

Department: _____

MNA (posting required)

Current Hours: _____

Changed to: _____

Current Days: _____

Changed to: _____

This change is (check one):

- A permanent schedule change;
- A one-time shift change.

This change is occurring because (please explain):

This change requires (check one):

- 14-day notice in accordance with collective bargaining agreements
- 28-day notice in accordance with collective bargaining agreements

Employee Signature

Date

Supervisor Signature

Date

Authoritative references:
AFSCME Article 5
MAPE Article 27
MNA Article 4