



## Employee Request to Change Work Hours - Temporary Schedule Change

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This form should be used when the employee is making a request to change work hours on a temporary basis such as an alternate summer schedule. Please send original form to Human Resources. Human Resources will provide to local bargaining unit as notification.

Start/End Dates: \_\_\_\_\_

Bargaining Unit: (circle one)

Employee Name: \_\_\_\_\_

AFSCME

MAPE

Supervisor: \_\_\_\_\_

MSUAASF

COMMISSIONERS PLAN

Department: \_\_\_\_\_

Current Hours: \_\_\_\_\_

Request: \_\_\_\_\_

Current Days: \_\_\_\_\_

Request: \_\_\_\_\_

Other Notes:

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Employee Signature

Date

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Supervisor Signature

Date