

**NOTIFICATION OF WORK SCHEDULE CHANGE**

**Employee:**

**Empl ID:**

**Position:**

**Department:**

**Work Location or Unit:**

**Effective Date:** Click here to enter a date.

**Current and changed schedule:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Schedule/Shift** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | **Monday** | **Tuesday** |
| **Current** |       |       |       |       |       |       |       |
| **Change** |       |       |       |       |       |       |       |

**Supervisor Comments:** *Click here to enter text.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter a date.

Supervisor’s Signature Date

**Employee Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee’s Signature Date