**Work Schedule/Shift Change Request**

Submit completed form to your Human Resources (HR) Office. Form must be received by the HR Office **prior to** schedule effective date.

**Workweek:** A fixed block of seven consecutive 24-hour periods.

**Work Schedule:** Description of the days and hours within the workweek an employee is scheduled to work.

|  |  |
| --- | --- |
| Name (Last, First, Middle Initial)Enter text. | Personnel NumberEnter text. |
| Class TitleEnter text. | Position NumberEnter text. |
| New Position Number (If Changed)Enter text. | Is Position Overtime Eligible?Yes [ ]  No [ ]  |
| Effective Date (First day of Workweek)Enter a date. | Work Location or UnitEnter text. |
| Select Work Schedule from *one* of the drop down boxes below OR select Other.Select one. Select one. Select one. Select one. Other: Enter Work Schedule. |
| Workweek 1 | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Daily Shift Start Time | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Daily Shift End Time | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Length of Lunch Break | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Workweek 2 (If applicable) | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Daily Shift Start Time | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Daily Shift End Time | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Length of Lunch Break | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Reason for Work Schedule/Shift Change and Comments.Enter text. |
| **Check All That Apply:** Supervisor’s Notice to Employee (Refer to WAC 357-28-252) [ ]  For Training Purposes [ ] Employee’s Request To Supervisor [ ]  Mutually Agreed Change [ ]  Permanent Change [ ]  Temporary Change [ ]   |
| DateEnter a date. | Employee SignatureEnter text. |
| DateEnter a date. | Supervisor/Manager SignatureEnter text. |
| **For Human Resources Office Use**  |
| Employee’s Work WeekEnter text. | Copies Distributed ToHR Office (original) [ ]  Attendance Keeper [ ]  Employee [ ]  Supervisor [ ]  |
| DateEnter a date. | HR Designee’s SignatureEnter text. |