

Report of Employee Schedule Changes

Pay Period _____ **Department** _____

All fields are required to be completed or the form will not be processed.

Week 1

Week 2

[illegible]

Department Contact and Information

Name	e-Mail	Phone Ext.	Mail Stop	Date Submitted
Appropriate Administrator Name	Appropriate Administrator Signature	Date Signed		

Instructions: Schedule changes must always be effective on a Sunday, even if the employee does not work on a Sunday.

Schedule changes should be submitted as soon as they are known.

If the employee works a schedule that is a 40 hour work week (or the total number of hours for a part time employee), only complete Week 1

If the employee works a schedule that is more or less than 40 hour in one week, but equals a total of 80 hours in a two week period, complete both **Week 1** and **Week 2**

If the employee has a timebase of less than Full Time, put an X in the P/T column

Leave blank any space that is a day off for the employee.

Because schedule changes have an impact on salary (excess hours) all schedule changes must be approved by the appropriate administrator