**APPENDIX L**

Work Schedule Designation Change

Ref: Article 10 Hours of Work and Related Matters

Use this form to either designate the work schedule of a newly hired unit member, communicate the change of a unit member’s work schedule to Human Resources, or satisfy the notification requirements of the work schedule change provisions outlined in Article 10 of the CSEA 262 bargaining agreement. Please read the information printed on the following pages which contain instructions on how to complete this form and how to comply with the notification requirements of Article 10.

Unit Member’s Name (Last, First):       Banner ID:

Department:       Classification:

Immediate Manager:       Title:

FTE %:      Hours Per Week:       Monthly Accrual:

This is a(n): [ ]  Initial Schedule [ ]  Change of Schedule [ ]  Alternative Schedule

Effective Date (M/d/yyyy):

This is a Temporary Change: Start Date (M/d/yyyy):       End Date:

Requested by: [ ]  Manager [ ]  Employee

 **HR USE ONLY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Begin Time** | **End Time** | **Meal Period(in minutes)** | **Hrs/Day** | **M** | **T** | **W** | **Th** | **F** | **S** | **Su** | **Hrs/Wk** | **SHF %** |
|  |  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |  |
|  |  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |  |
|  |  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |  |
|  |  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |  |
|  |  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |  |
|  |  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |  |
|  |  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |  |

Unit Member’s Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

Immediate Manager’s Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

**Immediate Manager: Retain copies for yourself and unit member. Send original to Human Resources, Building 4, Room 1460.**

**ALL PERMANENT CHANGES TO A UNIT MEMBER’S SCHEDULE REQUIRE**

**AT LEAST (30) DAYS WRITTEN NOTICE**

**HUMAN RESOURCES USE ONLY:**

[ ]  Original for Employee File

[ ]  Copy for Payroll Department

[ ]  Copy for CSEA 262 Chapter President (permanent changes only)