Unit Member:       Banner ID:

Job Title/ Classification:

Immediate Manager:       Immediate Manager’s Title:

FTE %:       # Hours Per Week:       # Months per Year:

Effective Date:       through       (if applicable)

Initial Designation Change is:  Permanent  Temporary Alternative Schedule

Manager Requested  Employee Requested

Please see the Examples page prior to completing the section below.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Begin Time** | **End Time** | **Meal Period (in minutes)** | **Hrs/Day** | **M** | **T** | **W** | **Th** | **F** | **S** | **Su** | **HR Use Only** | |
| **Hrs/Wk** | **SHF %** |
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Seven (7) day notice of temporary work schedule change waived by mutual consent of unit member/manager.

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Unit Member Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Manager Signature Date

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

**Human Resources Use Only**

|  |  |  |
| --- | --- | --- |
|  | **Original for Employee File** |  |
|  | **Copy for Payroll Department** |  |
|  | **Copy for CSEA (permanent changes only)** |  |

**Note: All permanent changes to a unit member’s schedule require at least (30) days written notice.**