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 %** |
|  |  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |  |
|  |  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |  |
|  |  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |  |
|  |  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |  |
|  |  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |  |
|  |  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |  |
|  |  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |  |

[ ]  Seven (7) day notice of temporary work schedule change waived by mutual consent of unit member/manager.

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

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.**