



Notice of Work Schedule Change

Instructions: This form is being completed to document official work schedule changes.
Forward completed document to Payroll Department in SH – 103.

NAME (Last, First MI)		EMPLOYEE ID NUMBER	EMPL REC	UNION
UNIT	DEPT. NAME	BEGIN DATE (mm/dd/yyyy)	END DATE (mm/dd/yyyy)	
JUSTIFICATION FOR ALTERNATE WORK SCHEDULE				

Temporary work schedule change. Returning to previous work schedule effective after the end date above.

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

7 DAY WORK WEEK							
Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
Lunch Period							
End Time							
Number of Work Hours							
							TOTAL HOURS

14 DAY WORK WEEK							
WEEK 1							
Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
Lunch Period							
End Time							
Number of Work Hours							
WEEK 2							
Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
Lunch Period							
End Time							
Number of Work Hours							
							TOTAL HOURS

Collective Bargaining Agreement	Notification Period	Verbal and/or Written Notification
Unit 1 – UAPD	14 days	Written
Unit 2,5,7 & 9 – CSUEU	21 days	Written
Unit 4 - APC	21 days	Written
Unit 6 – SETC	28 days	Written
Unit 8 – SUPA	21 days	Written

I agree to waive the notification period, initial here: _____	
I acknowledge that I have been notified of this schedule change as noted by the department administrator.	
EMPLOYEE SIGNATURE	DATE

Your signature below indicates that the employee has been notified of this schedule change as specified in the employee’s Collective Bargaining Agreement. The employee was notified on: _____	
SUPERVISOR SIGNATURE	DATE

DEAN/DIRECTOR SIGNATURE	DATE
--------------------------------	-------------