

Request to Change Scheduled Hours

Employee Name _____ Employee # _____
Location/Dept. _____ Date _____

☐ This is a **Temporary** requested change in scheduled hours.
The hours are to change from _____ hours to _____ hours.
Effective from _____ to _____.

☐ This is a **Permanent** requested change in scheduled hours.
The hours are to change from _____ hours to _____ hours.
Effective from _____ to _____.

Reason for change: _____

Requested by _____
PRINCIPAL / SUPERVISOR

☐ Approved ☐ Disapproved

ASSISTANT SUPERINTENDENT FOR PERSONNEL

Return both copies to Personnel Department