**Work Schedule/Shift Change Request**

Submit completed form to your Human Resources (HR) Office. Form must be received by the HR Office **prior to** schedule effective date.

**Workweek:** A fixed block of seven consecutive 24-hour periods.

**Work Schedule:** Description of the days and hours within the workweek an employee is scheduled to work.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Last, First, Middle Initial)  Enter text. | | | | | Personnel Number  Enter text. | | | | |
| Class Title  Enter text. | | | | | Position Number  Enter text. | | | | |
| New Position Number (If Changed)  Enter text. | | | | | Is Position Overtime Eligible?  Yes  No | | | | |
| Effective Date (First day of Workweek)  Enter a date. | | | | | Work Location or Unit  Enter text. | | | | |
| Select Work Schedule from *one* of the drop down boxes below OR select Other.  Select one. Select one. Select one. Select one. Other: Enter Work Schedule. | | | | | | | | | |
| Workweek 1 | Sunday | | Monday | Tuesday | | Wednesday | Thursday | Friday | Saturday |
| Daily Shift Start Time | Enter text. | | Enter text. | Enter text. | | Enter text. | Enter text. | Enter text. | Enter text. |
| Daily Shift End Time | Enter text. | | Enter text. | Enter text. | | Enter text. | Enter text. | Enter text. | Enter text. |
| Length of Lunch Break | Enter text. | | Enter text. | Enter text. | | Enter text. | Enter text. | Enter text. | Enter text. |
| Workweek 2 (If applicable) | Sunday | | Monday | Tuesday | | Wednesday | Thursday | Friday | Saturday |
| Daily Shift Start Time | Enter text. | | Enter text. | Enter text. | | Enter text. | Enter text. | Enter text. | Enter text. |
| Daily Shift End Time | Enter text. | | Enter text. | Enter text. | | Enter text. | Enter text. | Enter text. | Enter text. |
| Length of Lunch Break | Enter text. | | Enter text. | Enter text. | | Enter text. | Enter text. | Enter text. | Enter text. |
| Reason for Work Schedule/Shift Change and Comments.  Enter text. | | | | | | | | | |
| **Check All That Apply:** Supervisor’s Notice to Employee (Refer to WAC 357-28-252)  For Training Purposes  Employee’s Request To Supervisor  Mutually Agreed Change  Permanent Change  Temporary Change | | | | | | | | | |
| Date  Enter a date. | | Employee Signature  Enter text. | | | | | | | |
| Date  Enter a date. | | Supervisor/Manager Signature  Enter text. | | | | | | | |
| **For Human Resources Office Use** | | | | | | | | | |
| Employee’s Work Week  Enter text. | | Copies Distributed To  HR Office (original)  Attendance Keeper  Employee  Supervisor | | | | | | | |
| Date  Enter a date. | | HR Designee’s Signature  Enter text. | | | | | | | |