

Procedure
Schedule Adjustment Request Form
Revised December 18, 2006

**Schedule Adjustment Request
Form**

Requests to make changes from the written schedule must made on this form and given to your immediate supervisor
as soon as possible.

Name _____

Date(s) and Times(s):

Propose switching with:

Staff Member: _____

For hours: _____

Person has / has not agreed to switch (circle one).

Employee Signature:

_____ Date _____

Supervisor Signature:

_____ Date _____

Scheduling Supervisor Signature:

_____ Date _____

Notification of Schedule Adjustment Approval

Name _____

Your above schedule change request has been approved/disapproved.

Signature / Date

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