

## Washington Military Department

## WORK SCHEDULE / SHIFT CHANGE NOTICE

Date of Request	Action requ	iested: 🗌 S 🗌 S	hift Change chedule Change	Type of change: Permanent			Initiated by	ted by Employee Supervisor / Designee Mutual Agreement		
Last Name	ast Name		lame	Middle Name o		iddle Name or Ini			-	
Class Title				Position Is Overtime Eligible			-			
Effective Date End		nd Date (if applicable)		Work Location or Unit				HRMS Work Schedule Rule (Payroll Only)		
Work Week: Sunday 12:00 a.m. to Saturday 11:59 p.m.										
Schedule Type 4-day work week (M-Th or T-F) 5-day work week (M-F) Schedule based on operational needs (WYA, Security Guards, SEOC) Other (requires division director approval)										
		Sunday	Monday	Tuesday	Wedne	sday Thur	sday	Friday	Saturday	
Current Week 1 Current Week 2 (If Applicable										
Refer to WAC 357-28-252)										
New Week 1 New Week 2 ( <i>If Applicable</i> <i>Refer to WAC</i> 357-28-252)										
Employee Justification										
Approve Deny Concur/Forward		Supervisor Signature/Date			Comments					
Supervisor may approve schedules that meet the requirements of paragraph 1 (a) through 1 (c) of the WMD Flexible Work Schedule and Shift Change Policy (HR-255-18)										
Approve	Approve     Division Director Signature/Dat			Comments						
🗌 Deny										
Schedules that do not meet the requirements of paragraph 1 (a) through 1 (c) of the WMD Flexible Work Schedule and Shift Change Policy (HR-255-18) require Division Director approval.										
Employee Acknowledgement							Date			
Original: Payroll										
Copies:	9									

Original, whether approved or denied, goes to Payroll for retention