

WORK SCHEDULE / SHIFT CHANGE NOTICE

Date of Request	Action	Action requested:		Shift Change Schedule Change		Type of change: Permanent Temporary			Initiated by Employee Supervisor / Designee Mutual Agreement			
Last Name)		First Name			Middle Name or Initial				Personnel Number		
Class Title				Position Is Overtime Eligible Yes No								
Effective Date		End 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												
Schedule/Shift		Sunda	ıy	Monday	Tuesday	We	dnesday	Thur	sday	Friday	Saturday	
Current Week 1												
Current Week 2 (If Applicable Refer to WAC 357-28-252)												
New Week 1												
New Week 2 (If Applica Refer to WAC 357-28-2												
Employee Justification												
☐ Approve ☐ Deny ☐ Concur/Forward	ipervisor Sig			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/Date				Commer	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: Supervisory File Employee Original, whether approved or denied, goes to Payroll for retention												
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