Department of Transformation and Shared Services
Office of Personnel Management
Employee Planned Work Schedule Change

Employee Name *(Last, First, Middle)*	Effective Date	*MM/DD/YYYY*
Personnel Number	Business Area	Personnel Area

Permanent Change (IT0007): *Complete this Section if this is a* ***PERMANENT*** *work schedule change.*

Work Schedule Requested *Example: MF 01 = Rule 5 days/8hrs. = Weekly Hours M-F Work*	Rule	

Time Management Status		Part-time Employee		Employment % of time worked
Positive Reporting (Time Sheet Required)	Negative Reporting (Time Sheet Not Required)	Yes	No	%

Employee Working Week

Standard *(Sunday- Saturday)*   Other   *(Specify)* _____

Temporary Change (IT2003): *Complete this Section if this is a* ***TEMPORARY*** *work schedule change for exempt employees only.*

Daily Work Schedule	Hours

OR

Work Schedule Rule: *Example: MF 01 = Rule 5 days/8hrs. = Weekly Hours M-F Work Days*	Rule

Justification

Employee Signature	Date	*MM/DD/YY*

AUTHORIZATION:

Approved Denied	Approving Authority Signature	Date	*MM/DD/YYYY*
Approved Denied	Approving Authority Signature	Date	*MM/DD/YYYY*