



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

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

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

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

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

Employee Signature	Date <i>MM/DD/YY</i>
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AUTHORIZATION:

Approved Denied	Approving Authority Signature	Date <i>MM/DD/YYYY</i>
	Approving Authority Signature	Date <i>MM/DD/YYYY</i>