

Schedule Change Form

Employee Name/ID #: _____

Effective Date of New Schedule: _____

New Shift Start Time: _____

New Shift End Time: _____

Lunch Period Duration: _____

Days of week (Please circle): M-F MON TUES WED THUR FRI

Location(s): _____

Notes: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____