HOW TO USE THE REQUEST OF EMPLOYEE SCHEDULE CHANGE FORM



The Employee Schedule Change Form has been initiated because of a change from or to an alternate or compressed work schedule. Please fill out all sections assigned to you.

HOW TO USE THE REQUEST OF EMPLOYEE SCHEDULE CHANGE FORM



Employee Schedule Change Form

to document official work schedule changes

Instructions: Complete document prior to the effective date of the schedule change.

Purpose: The campus must maintain an accounting of hours worked, which includes excess and deficit hours, for all non-exempt employees on work schedules that differ from the standard State work schedule. For more information review the Alternate/Compressed Schedules - FAQs page on the Cal Poly Payroll website.

Effective Date: (Must be a Sunday) Format MM/DD/YYYY <u>12/03/2017</u>	

Employee (Last, First MI)	Employee ID	Empl Rcd	Justification for Work Schedule
Mustang,Jane	123456789	0	Dept business need

1 Week Work Period X 2 Week Work Period

Enter total hours worked each day														
Week 1					Week 2									
SUN	MON	TUES	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL HRS
	12	12	12	8				12	12	12				80.00

Collective Bargaining Agreement	Notification Period (# of days)	Verbal and/or Written Notification	Note to Administrators and Employees: Standard State work schedule : Monday - Friday, 8 hours per day.						
Units 2,5,7 & 9 - CSUEU & Unit 4 - APC	21 Days	Verbal and/or Written	"Alternate" work we Saturday and Sunday "Compressed" work	ek schedules : 8 hours per day but may include , s schedules : Extended work days (ie more than 8 hours					
Notification requirement period waived? X Yes		lo	per day) over a comp Compressed patterns	ressed number of days (ie less than 5 days per week). include 4/10, 9/80, 3/12 work schedules and may require					
a one or two week work period.									

Schedule Change Form Initiated by:		I consent to waive notification requirement if wa otherwise I acknowledge that I was notified of the change as noted by the department administrate	iived above; iis schedule or on:	Your signature below indicates that the employee has been notified of this schedule change as specified in the employee's Collective Bargaining Agreement.		
Joe Mustang Requester's Name	12/19/2017 Date	Jan Mustang Employee Signature	12/19/2017 Date	Bun Mustang Department Administrator Signature	12/19/2017 Date	

DocuSign will guide you through form completion and handles routing the form to the next signer.

- 1. The Pink sections are assigned to the Requester
- 2. The Green section is assigned to the Employee
- 3. The Blue section is assigned to the Department Administrator

The completed form is available to the Requester, Employee and Department Administrator and is automatically routed to Payroll Services by DocuSign.