Launching the form from the Payroll Services website brings you to the PowerForm creation page.

1. Enter your information here. Doing so allows you to correct the envelope later if necessary, see the status of the envelope and receive a completed copy all through your DocuSign dashboard.

2. Enter the employee whose schedule is changing here. The requester and employee may be the same if you are filling out the form for yourself.

3. Enter the Department Administrator who will be approving the schedule change here.

4. Click “Begin Signing” to create the form. Make sure to use only Cal Poly email addresses.

Click the link in the email sent by DocuSign to launch the form. You may then be directed to authenticate your Cal Poly portal credentials.
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 12/03/2017

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

☐ 1 Week Work Period  ☑ 2 Week Work Period

Enter total hours worked each day

| Week 1 | | Week 2 | | | | | | TOTAL HRS |
|--------|--------|--------|--------|--------|--------|
|        | SUN    | MON    | TUES   | WED    | THU    | FRI    | SAT    |        |
|        | 12     | 12     | 12     | 8      |        |        |        | 80.00  |
|        |        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |        |

Collective Bargaining Agreement Units 2, 5, 7 & 9 - CSUEU & Unit 4 - APC
Notification Period ( # of days) 21 Days
Verbal and/or Written Notification Verbal and/or Written
Notification requirement period waived? Yes No

Note to Administrators and Employees:
Standard State work schedule: Monday - Friday, 8 hours per day.
"Alternate" work week schedules: 8 hours per day but may include Saturday and Sunday.
"Compressed" work schedules: Extended work days (ie more than 8 hours per day) over a compressed number of days (ie less than 5 days per week). Compressed patterns include 4/10, 9/80, 3/12 work schedules and may require a one or two week work period.

Schedule Change Form Initiated by: Joe Mustang
Requester's Name
Date 12/19/2017

I consent to waive notification requirement if waived above; otherwise, I acknowledge that I was notified of this schedule change as noted by the department administrator on:

[Signature]

Joe Mustang

Your signature below indicates that the employee has been notified of this schedule change as specified in the employee's Collective Bargaining Agreement.

[Signature]

Jane Mustang
Employee Signature
Date 12/19/2017

[Signature]

John Mustang
Department Administrator Signature
Date 12/19/2017

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.