

# Temporary Schedule Change

Please fill out this form with your desired schedule change.

Please make sure to fill out all of the information needed for your change or it will be denied.

## Choose the type of schedule change

### Shift Swap

I will work this day/shift \_\_\_\_\_ for \_\_\_\_\_ and \_\_\_\_\_ will work this day/shift \_\_\_\_\_ for me  
(TSR Name) (TSR Name)

### Shift Switch

I will work this day/shift \_\_\_\_\_ for this day/shift \_\_\_\_\_ off.

### Request Off

	Friday	Saturday	Monday	Tuesday	Wednesday	Thursday
Date	11/25	11/26	11/28	BACK 29th	11/23	
Hours	7-3:30	7-3:30	7-7:30		7-3:30	

*will be gone 11/23-11/28*

*Can work Sundays, Mondays (normal day off) before + after*

\*Shift swaps are unlimited.

\*You are allowed two shift switches per month.

\*If you request a shift off and do not make up the hours it will count as an occurrence.

**SCHEDULE CHANGES ARE DUE BY NOON ON WEDNESDAY. IT IS YOUR RESPONSIBILITY TO VERIFY THE POSTED SCHEDULE TO VERIFY THAT YOUR REQUEST HAS BEEN APPROVED.**

TSR Name (Printed): 3234 Mark Poczarnek

TSR Name Signed: 

Date: 11/2/11

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_