

# Employee Work Shift Change Form

Name of Employee: \_\_\_\_\_

Employee Code: \_\_\_\_\_

Position: \_\_\_\_\_

## Current Work Schedule:

Day: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

## Proposed Work Schedule:

Day: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

## Reason for Requesting Change:

\_\_\_\_\_  
\_\_\_\_\_

Preferred Date to Begin New Shift: \_\_\_\_\_

## Approval Section:

### Supervisor/Manager Approval:

☐ Approved ☐ Denied

Comments: \_\_\_\_\_

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

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

### HR Approval:

☐ Approved ☐ Denied

**Signature:** \_\_\_\_\_

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