

Approval Sequence: Initial Level Supervisor, Tour Sup'r or Station-Branch Mgr, Manager

Employee: For my own personal convenience, I _____ EID# _____
hereby submit this written request for a temporary change in my regular schedule

From: Tour _____ Pay Location _____ To: Tour _____ Pay Location _____
Hours _____ Hours _____
N/S Days _____ N/S Days _____
Effective Date _____
For a period of _____

REASON _____

(If additional space is needed, use back of form)

I understand that should this request be granted, I will not be entitled to payment of overtime for hours worked outside of and instead of my regular schedule. I also understand I cannot change hours or N/S days until I receive a written assignment notice stating my new hours, N/S days, and the effective date of detail.

Employee Signature

Date

Comments _____

Initial Level Supervisor Signature

Date

Shop Steward Signature

Date

Tour Sup'r or Station/Branch Mgr Signature

Date

Management: The above request is approved / denied (circle one)

Change of Tour _____ Hours _____ N/S Days _____

Effective _____ for a period of _____

Manager Signature

Date

Union President Signature

Date