

**BEMIDJI STATE UNIVERSITY
NORTHWEST TECHNICAL
ADJUSTABLE WORK SCHEDULE CHANGE REQUEST FORM**

Name: _____ Position Title: _____

Department: _____

Current Schedule:

Days of Week:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Length of Shift: _____ Hours Start Time: ____ a.m./p.m. End Time: ____ a.m./p.m.

I request my schedule to be changed to:

Days of Week:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Length of Shift: _____ Hours Start Time: ____ a.m./p.m. End Time: ____ a.m./p.m.

Effective Date: _____ End Date: _____

Reason for Request: _____

Employee Signature: _____ Date: _____

Supervisor's Approval / Denial Signature:

Approved Signature: _____ Date: _____

Denied Signature: _____ Date: _____

Reason for Denial: _____

Vice President Signature: _____ Date: _____

Human Resources Review:

Reviewed: _____ Date: _____

Original to Human Resources. Copies forwarded to supervisor and employee.