

Instructions: This form is being completed to document official work schedule changes.

Effective Date: _____
(MM/DD/YYYY)

Employee (Last, First MI)	State ID	Job Code	Empl Rcd	Dept. ID	Union Code	Department Name
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Justification for Work Schedule (e.g. Dept business need, ADA accommodation)

1 Week Work Period 2 Week Work Period

1 Week Work Period - Enter total hours worked each day

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs

Collective Bargaining Agreement	Notification Period (# of days)	Verbal and/or Written Notification
Unit 1 - UAPD Unit 6 - SETC Unit 8 - SUPA	14 days	Written
Units 2,5,7 and 9 - CSUEU Unit 4 - APC	21 days	Verbal and/or Written

Note to Administrators and Employees:

The standard State work schedule is Monday - Friday, 8 hours per day. **“Alternate”** work week schedules are typically 8 hour day schedules on days that are outside the standard State work schedule. **“Compressed”** work schedules are extended work days over a compressed number of days in the respective work week period. Compressed patterns include 4/10, 9/80, 3/12 work schedules and may require a one or two week work period. 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 questions about how an alternate and/or compressed work schedule will impact an employee, please contact your Payroll Technician.

Your signature below indicates that the employee has been notified of this schedule change as specified in the employee's Collective Bargaining Agreement. The employee was notified on: _____ Department Administrator Signature _____ Date _____	I agree to waive the notification period, initial here: _____ I acknowledge that I have been notified of this schedule change as noted by the department administrator.	_____ Dean/Director Signature _____ Date _____
	Employee Signature _____ Date _____	

The Department Administrator is also the Dean/Director for the department.

Office Use Only	
_____	_____
CMS	Date