

## CHANGE IN WORK SCHEDULE / CHANGE IN HOURS REQUEST FORM

(To be used to document changes lasting more than two pay periods. **Exceptions:** The following work schedule changes must always be documented: 1) Changes to Intermittent, and 2) Changes from Full Time to Part Time.)

1. Employee Name	2. EHRP EMPLID	3. Position Number
4. Effective Date of Change	5. Institute or Center	6. CSD Contact Person & Phone #

### 7. Details of Work Schedule Change

Appointment Type (Check One):  Permanent Appointment  Temporary Appointment

Health Benefits (Check One):  Yes  No Life Insurance (Check One):  Yes  No

Current Work Schedule is:  Full Time  Part Time working \_\_\_\_\_ hours per pay period  Intermittent

New Work Schedule will be:  Full Time  Part Time working \_\_\_\_\_ hours per pay period  Intermittent

Weekday	From (time)	To (time)	Work Hours Per Day*
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
<b>Total Hours per Pay Period:</b>			

\*A tour of over 5 hours but less than 8 hours *may* be extended by one half-hour to allow for an unpaid meal break. A tour over 8 hours *must* be extended by one half-hour to provide for an unpaid meal break.

### 8. Employee Acknowledgement and Signature

I understand that this change may result in one or more of the following:

1. An intermittent employee does not earn leave.
2. A part time employee will earn leave according to the hours worked per pay period.
3. A part time employee is not entitled to the full Government contribution under the Federal Employees Health Benefit Program. Only a portion of the Government contribution is paid toward the total premium and this portion is based on the number of scheduled hours per pay period.

Employee Signature	Date
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### 9. Approvals

Employee's Supervisor (required)	Date
Timekeeper (required) <input type="checkbox"/> ITAS has been updated.	Date
Administrative Office (optional)	Date
Budget Office (optional)	Date
CSD Branch (required)	Date
CSD/OD Certification <input type="checkbox"/> Position record has been modified.	Date
CSD/OD Certification <input type="checkbox"/> PAR has been keyed.	Date

Instructions for Completion of Form  
For  
Change in Work Schedule / Change in Hours

1. Employee's Responsibility

Item 1 – Employee Name

Item 4 – Effective Date of Change

Item 5 – Institute or Center

Item 7 – Details of Work Schedule Change

a. Indicate current and new work schedules

b. **PART TIME ONLY** - indicate days/hours and total hours per pay period for new work schedule

Item 8 – Employee Acknowledgement and Signature

2. Timekeeper's Responsibility

Item 9 – Timekeeper signature; indicate that ITAS record has been updated.

3. Administrative Office Responsibility\*

Item 9 – Administrative Officer/Technician signature, if required.

4. Budget Office Responsibility

Item 9 – Budget Officer signature, if required.

5. CSD Responsibility\*

Review Form for compliance with work schedule regulations

Item 3 – Employee ID Number

Item 3 - Position Number

Item 6 – CSD Contact Person

Item 9 – CSD Branch member signature, indicating that form has been reviewed and all approvals have been obtained.

6. CSD/OD Responsibility

Item 9 – CSD/OD staff signature, indicating that the position record has been modified.

7. CSD/OD Responsibility

Item 9 – CSD/OD staff signature, indicating that the PAR has been keyed.

\*The action must be entered into EHRP. This may be done at the non-HR or CSD level.