



# Notification of Change in Shift

Use only for CSEA, PEF, and Public Safety changes to shift

Employee's Name (Last, First M.I.)		Social Security Number			
Title	Union Code	Mail Drop	Line Number	FTE	
Effective Date	New Shift (D=days, E=Eves, N=Nights)	Scheduled Hours		Scheduled Days	
<p>To be completed and submitted to TIME &amp; ATTENDANCE attached to the time sheet in which this change occurs. Shift changes of two pay periods or LESS do not require this form to be completed, employee will be paid based on time sheet entries. A new form must be completed each time the employee changes shifts.</p> <p><b>Submit Completed form to Time &amp; Attendance</b>  <b>Do not send to Human Resource Services</b></p>					
Comments					
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VP Signature		Date			
VP Coordinator Signature		Date	HRS Signature		Date