



NOTICE OF WORK SCHEDULE CHANGE

***THIS FORM SHOULD BE USED FOR PERSONAL SCHEDULES THAT ARE NOT AVAILABLE IN THE PREDEFINED SCHEDULE LIST.**

Effective Date: _____ (MM/DD/YYYY)				Instructions: This form is being completed to document official work schedule changes. Forward completed document to Payroll Department in SH – 103.		
Employee (Last, First MI)	Empl ID	Rcd	Job Code	Dept ID	Union Code	Department Name
Reason for Work Schedule (ex: Dept business need) 						

1 week Period 2 week period

Note: Schedule changes must always be effective on Sunday, even if the employee does not work on Sunday.

Week 1

Week 2

Su	M	T	W	Thu	F	Sat	Total Hrs	Su	M	T	W	Thu	F	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
Unit 2,5,7 and 9 – CSUEU Unit 4 - APC	21 days	Verbal and/or Written

Note to Administrators (Dean/VP) and Employees:

The Standard State work schedule is Monday – Friday, 8 hours per day. “Alternate” work week schedules are typically schedules that are outside the standard State work schedule, such as 4/10, 9/8, 3/12, etc. 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 Dean/VP 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. _____ Employee Signature Date	_____ Dean/VP Signature Date
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Office Use Only	
_____	_____
Initial	Date