

**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.**