



# Walla Walla Community College

Human Resources

## WORK SCHEDULE CHANGE / ASSIGNMENT FORM

Last Name	First Name	Employee ID	FTE:
Position Title		Position is Overtime Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Number
Date of Request / Notice	Start Date of Change	End Date of Change (if temporary)	

**Human Resource Services must review and ensure compliance with work hour requirements**

SCHEDULE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Current Week 1							
Lunch Period							

SCHEDULE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Proposed Week 1							
Lunch Period							

The Proposed work schedule is eligible for Shift Premium (Majority of time spent working between 5PM & 7AM)

Business need for Schedule Change:

<b>Check All That Apply:</b>	Establish Schedule for New Employee	Permanent Change
	Supervisor's Notice to Employee	Temporary Change
	Employee's Request to Supervisor	Emergency Schedule Change

Prior written notice of schedule change was given to employee on **Month:** **Day:** **Year:**

<b>Supervisor Signature:</b>	<b>Date:</b>
<b>Employee Signature:</b>	<b>Date:</b>

Original: Human Resources

June 2023