

**MEMORANDUM**

From:

Code:

Subj: NEW WORK SCHEDULE OR CHANGE REQUEST

1. Request change in my work hours as indicated below:

		<b>***** PAY PERIOD TOUR OF DUTY *****</b>						
		SUN	MON	TUE	WED	THUR	FRI	SAT
WK 1**								
SHIFT ***								SUN PAY DAY 7
WK 2**								
SHIFT ***								SUN PAY DAY 7

\*\* Indicates number of hours worked (e.g., 8)

\*\*\* Indicates time worked (e.g., 7:00 - 4:00)

Employee Signature

**ENDORSEMENT**

1. Approved. Following information forwarded for Work Schedule Change

Effective Date:

Effective date must be the first Sunday of the pay period. Form must be provided two weeks BEFORE the effective date to allow time for processing in SLDCADA.

Approving Official (Supervisor) Signature