

**MINNESOTA STATE UNIVERSITY, MANKATO
ADJUSTABLE WORK SCHEDULE CHANGE REQUEST**

1. Name: _____ Job Title: _____

2. Department: _____ Building: _____

3. Current Schedule:

Days: Monday – Friday Tuesday – Saturday Sunday - Thursday
Hours: Start time _____ a.m. / p.m. End time _____ a.m. / p.m.

4. I request my schedule to be changed to:

Days: Monday – Friday Tuesday – Saturday Sunday - Thursday
Hours: Start time _____ a.m. / p.m. End time _____ a.m. / p.m.

5. Effective Date: _____ End Date: _____

6. Reason for request:

7. Anticipated benefit to employee, office or department, if approved:

8. Employee Signature: _____ Date: _____

Supervisor's Approval / Denial Signature:

Approved: _____ Date: _____

Denied: _____ Date: _____

Reason for denial: _____

Human Resources Review:

Approved: _____ Date: _____

Original to Human Resources. Copies forwarded to supervisor and employee.