

Change of Schedule Request Form

(For Part-Time Student Employees Only; Must be turned in two weeks prior to planned change)

Name: _____

Site: _____

Current Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday

Total Hours: _____

Requested Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday

Total Hours: _____

Reason:

Term: _____

Effective Date: _____

Approved

Disapproved

Signature of Supervisor or Site Coordinator

Date

Approved

Disapproved

Signature of Director or Field Advisor

Date