Date: _____

MEMORANDUM

From: Code _____

Employee Name: _____

Position: _____

To: Code 042

Subj: CHANGE OF WORK HOURS

1. Reason for work hours change:

2. Work Hours: From _____ to _____

3. Duration of change: From _____ to _____

Employee Signature/Date: _____

Immediate Supervisor/Date: _____

SED Approved / Disapproved

SED Signature/Date: _____/_____

Code 0420 Signature/Date: _____

Print Form