

REGULAR WORK SCHEDULE DEVIATION REQUEST

FROM: _____ (Employee)

TO: _____ (Immediate Supervisor)

DATE: _____

POSITION AND GRADE: _____

CODE: _____

CURRENT HOURS _____ TO _____

DESIRED HOURS* _____ TO _____

*NOTE: If desired hours will change the employee to work more than one hour outside regular working hours, Group Lead/Department Head/Production Division Head/Production Manager signature is required, as is union notification.

JUSTIFICATION FOR DEVIATION: _____

SCHEDULE CHANGE:

PERMANENT

TEMPORARY

IF TEMPORARY, HOW LONG? _____

SIGNATURE AND DATE
(Employee)

APPROVED

DISAPPROVED

SIGNATURE AND DATE
(Immediate Supervisor)

*FOR DEVIATIONS MORE THAN ONE HOUR OUTSIDE REGULAR WORKING HOURS

FROM: _____ (Immediate Supervisor)

TO: _____ (Group Lead/Department Head/Production Division Head/Production Manager)

SUBJ: REQUEST WORK SCHEDULE FOR _____
(Employee)

LABOR ORGANIZATION: _____

APPROVED

DISAPPROVED

SIGNATURE AND DATE
(Group Lead/Department Head/Production Division Head/Production Manager)

Copy to:
Union Representative (If Applicable)

*Section only used if needed, all other fields are required.

ALL required fields on this form must be completed and those not required indicate N/A.