## **Modification of Individual Work Schedule**

Date				
Employee's Name:			_	
Position Classification:			_	
Job Location:			_	
Current Work Schedule:				
Proposed modified work schedule	e:			
How will the time not worked be o	overed und	er the proposed sch	edule?	
How will the department be better	served by	the proposed sched	ule?	
Employee's Signature				
	AP	PROVAL		
Supervisor's Signature	Date			
Vice President's Signature	Date			
Personnel Director's Signature	Date			

/schedule-modification.doc/03/15/2012