

Notice Change of Employee Work Hours



Please complete this form and make two copies, one for supervisor and one for employee. Original must be given to Human Resources on the date it is signed. Human Resources will post this notice in accordance with the collective bargaining agreements.

Date:

Employee Name:

Barg. Unit: Choose an item.

Supervisor:

Department:

Current Hours:

Changed to:

Current Days:

Changed to:

Is this a voluntary shift change? yes no

This change is occurring because:

This change requires:

- 14 days notice in accordance with collective bargaining agreements
- 28 days notice in accordance with collective bargaining agreements

This change will go into effect on _____ .

Signatures:

Employee signature

Date

Supervisors signature

Date

Authoritative references:

- AFSCME Article 5
- MAPE Article 27
- MMA Article 11

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