



SCHEDULE REQUEST FORM

Name: _____

Date: _____

New Team Members need to complete Section I below. Existing team members who need a schedule change, please complete Section I and II. Please give this to your manager and they will discuss any requests with you.

SECTION I

_____ Preferred Schedule

_____ Current Schedule

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date	/	/	/	/	/	/	/
AM							
PM							
Hours available							

Section II:

Requested Schedule:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date	/	/	/	/	/	/	/
AM							
PM							
Hours available							

Schedule Change Request Explanation: _____

Employee Signature: _____

Date: _____

_____ Approved: Schedule will begin on: _____

_____ Denied: Notes: _____

Employee notified on: _____

Employee initials: _____

Manager Signature: _____

Date: _____