

**MINNESOTA STATE UNIVERSITY MOORHEAD**  
**TEMPORARY SCHEDULE CHANGE REQUEST**

1. Name \_\_\_\_\_

2. Job Title \_\_\_\_\_

3. Department \_\_\_\_\_ Building \_\_\_\_\_

4. Present Schedule: Hours \_\_\_\_\_ Days \_\_\_\_\_

5. I request my schedule be changed to: Hours \_\_\_\_\_

Days \_\_\_\_\_

6. Please indicate applicable date(s):

(A) Months from \_\_\_\_\_ to \_\_\_\_\_

(B) Weeks from \_\_\_\_\_ to \_\_\_\_\_

7. Reasons include:

(A) \_\_\_\_\_ Transportation

(B) \_\_\_\_\_ Family

(C) \_\_\_\_\_ Education

(D) \_\_\_\_\_ Recreation

(E) \_\_\_\_\_ Personal

(F) \_\_\_\_\_ Variety

(G) \_\_\_\_\_ Other

8. I anticipate the need to make some adjustments in the following areas as a result.

(A) \_\_\_\_\_ Work scheduling

(B) \_\_\_\_\_ Supervision

(C) \_\_\_\_\_ Time Keeping

(D) \_\_\_\_\_ Interaction with co-workers

(E) \_\_\_\_\_ Interaction with the public

(F) \_\_\_\_\_ Access to the building

(G) \_\_\_\_\_ Coverage of work situation

(H) \_\_\_\_\_ Other, please explain \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources

Director Signature \_\_\_\_\_ Date \_\_\_\_\_