



**Directions:**  
This form should be completed by the employee and forwarded to his/her Supervisor and Human Resources for review and final approval.

**REQUEST FOR CHANGE IN WORK SCHEDULE OR LOCATION DUE TO COVID-19**

**(Please note that requests will be evaluated on an individual basis)**

**Employee:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Employee number:** \_\_\_\_\_

**Change Requested to be effective from** \_\_\_\_\_ **to** \_\_\_\_\_

**Reason for Change in Work Schedule:**

**Requested Change to Work Schedule (indicate below)**

- Monday            hours from \_\_\_\_\_ to \_\_\_\_\_
- Tuesday            hours from \_\_\_\_\_ to \_\_\_\_\_
- Wednesday            hours from \_\_\_\_\_ to \_\_\_\_\_
- Thursday            hours from \_\_\_\_\_ to \_\_\_\_\_
- Friday            hours from \_\_\_\_\_ to \_\_\_\_\_
- Saturday            hours from \_\_\_\_\_ to \_\_\_\_\_
- Sunday            hours from \_\_\_\_\_ to \_\_\_\_\_

**Employee's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Request to work from home** (list all details including personal situation (quarantine, childcare, etc. and identify how work would be performed):

**Department Authorization: (requests must not be detrimental or disruptive to operations)**

- You have been **approved** for a Change in Work Schedule or Location.
- You have been **denied** for a Change in Work Schedule or Location for reasons stated below:

**Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Human Resources Authorization:**

- You have been **approved** for a Change in Work Schedule or Location.
- You have been **denied** for a Change in Work Schedule or Location for reasons stated below:

**Chief Human Resources Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_