**CHANGE IN WORK SCHEDULE / CHANGE IN HOURS REQUEST FORM**

(To be used to document changes lasting more than two pay periods. **Exceptions**: The following work schedule changes must always be documented: 1) Changes to Intermittent, and 2) Changes from Full Time to Part Time.)

<table>
<thead>
<tr>
<th>1. Employee Name</th>
<th>2. EHRP EMPLID</th>
<th>3. Position Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4. Effective Date of Change</th>
<th>5. Institute or Center</th>
<th>6. CSD Contact Person &amp; Phone #</th>
</tr>
</thead>
</table>

7. **Details of Work Schedule Change**

- **Appointment Type (Check One):**
  - [ ] Permanent Appointment
  - [ ] Temporary Appointment

- **Health Benefits (Check One):**
  - [ ] Yes
  - [ ] No
- **Life Insurance (Check One):**
  - [ ] Yes
  - [ ] No

- **Current Work Schedule is:**
  - [ ] Full Time
  - [ ] Part Time working ____ hours per pay period
  - [ ] Intermittent

- **New Work Schedule will be:**
  - [ ] Full Time
  - [ ] Part Time working ____ hours per pay period
  - [ ] Intermittent

<table>
<thead>
<tr>
<th>Weekday</th>
<th>From (time)</th>
<th>To (time)</th>
<th>Work Hours Per Day*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
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<td>Monday</td>
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<tr>
<td>Saturday</td>
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</table>

**Total Hours per Pay Period:**

*A tour of over 5 hours but less than 8 hours *may* be extended by one half-hour to allow for an unpaid meal break. A tour over 8 hours *must* be extended by one half-hour to provide for an unpaid meal break.

8. **Employee Acknowledgement and Signature**

- [ ] I understand that this change may result in one or more of the following:
  1. An intermittent employee does not earn leave.
  2. A part time employee will earn leave according to the hours worked per pay period.
  3. A part time employee is not entitled to the full Government contribution under the Federal Employees Health Benefit Program. Only a portion of the Government contribution is paid toward the total premium and this portion is based on the number of scheduled hours per pay period.

<table>
<thead>
<tr>
<th>Employee Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

9. **Approvals**

- **Employee’s Supervisor (required)**
  - [ ] ITAS has been updated.
  - Date

- **Timekeeper (required)**
  - Date

- **Administrative Office (optional)**
  - Date

- **Budget Office (optional)**
  - Date

- **CSD Branch (required)**
  - Date

- **CSD/OD Certification**
  - [ ] Position record has been modified.
  - Date

- **CSD/OD Certification**
  - [ ] PAR has been keyed.
  - Date
Instructions for Completion of Form
For
Change in Work Schedule / Change in Hours

1. Employee’s Responsibility

   Item 1 – Employee Name
   Item 4 – Effective Date of Change
   Item 5 – Institute or Center
   Item 7 – Details of Work Schedule Change
      a. Indicate current and new work schedules
      b. PART TIME ONLY - indicate days/hours and total hours per pay period for new work schedule
   Item 8 – Employee Acknowledgement and Signature

2. Timekeeper’s Responsibility

   Item 9 – Timekeeper signature; indicate that ITAS record has been updated.

3. Administrative Office Responsibility*

   Item 9 – Administrative Officer/Technician signature, if required.

4. Budget Office Responsibility

   Item 9 – Budget Officer signature, if required.

5. CSD Responsibility*

   Review Form for compliance with work schedule regulations
   Item 3 – Employee ID Number
   Item 3 - Position Number
   Item 6 – CSD Contact Person
   Item 9 – CSD Branch member signature, indicating that form has been reviewed and all approvals have been obtained.

6. CSD/OD Responsibility

   Item 9 – CSD/OD staff signature, indicating that the position record has been modified.

7. CSD/OD Responsibility

   Item 9 – CSD/OD staff signature, indicating that the PAR has been keyed.

*The action must be entered into EHRP. This may be done at the non-HR or CSD level.