Work Schedule Change Request

AHRS Trans # _____

Cobb County

Employee Legal Name: _____

Employee ID #: _____   Department: _____

I understand that my work schedule is to be changed to the schedule indicated below. I understand that this work schedule be effective on _____.

❑ **Standard Work Schedule (Five 8-hour Days)**

5-day/8-hour schedule from (time) _____ to _____, including a _____ lunch period.

❑ **Four 10-Hour Days Schedule**

4-day/10-hour schedule from (time) _____ to _____, including a _____ lunch period.

My regular day off will be _____ (day of the week).

❑ **Nine Hour Days Schedule** — Available to Exempt or Key Managerial Employees **ONLY** Employee would work eight 9-hour days and one 8-hour day and get one day off in each pay period.

Work eight 9-hour days from (time) _____ to _____, including a _____ lunch (30 minute minimum).

My 8-hour day would be the alternate day _____ ❑ 1st or ❑ 2nd week from (time) _____ to _____, including a _____ lunch (30 minute minimum).

I would like my Regular Day Off to be the (check one below):

1st week of pay period
❑ Sunday   ❑ Monday   ❑ Tuesday   ❑ Wednesday   ❑ Thursday   ❑ Friday   ❑ Saturday

2nd week of the pay period
❑ Sunday   ❑ Monday   ❑ Tuesday   ❑ Wednesday   ❑ Thursday   ❑ Friday   ❑ Saturday

Employee Signature: _____ Date: _____
Department Manager Signature: _____ Date: _____
Comments: