



Change of Shift/Status Acknowledgement

Name:

Effective Date:

Department:

Manager:

Current Schedule

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Total hours per week _____

New Schedule

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Total hours per week _____

Change in Status: ☐ Yes ☐ No

PT Employee not eligible for benefits: 29 hours per week or less

PT Employees eligible for Medical/Dental/Vision Coverage: 30 to 39 hours per week

PT Employees eligible for partial PTO/partial Holiday pay: 32 to 39 hours per week

Full Time Employees: 40 hours per week

I hereby acknowledge that my change of shift change will be approved. By signing below, I acknowledge that my shift will be changed, effective the date above, and agree to be held accountable for my attendance as noted in the Employee Manual.

Signatures

Employee

Date

Manager / Supervisor

Date

Department Director

Date

Human Resources Representative

Date

For Internal Use Only:

☐ Signed COS Letter ☐ Signed COS Acknowledgement ☐ Updated GGOB ☐ Updated Benefits Census