**WORK SCHEDULE RULE CHANGE REQUEST FORM**

**Today’s Date:** Click here to enter a date.

**Employee Name:** Last Name **,** First NameMiddle Initial**.**

**Personnel #:** Click here to enter text.

**Current Work Schedule Rule:** Choose an item.

**New Work Schedule Rule:** Choose an item.

**Effective Date:** Choose an item.Choose an item.Choose an item.

**Time Administrator Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only:**

**HR Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Changed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return this completed form by mail to:***

South Carolina Department of Public Safety

*Office of Human Resources: Payroll*

10311 Wilson Blvd.

Blythewood, SC 29016

***Please return this completed form by email to:***

KatieHerrmann@scdps.gov and/or SusanBrowning@scdps.gov

*If you have any questions filling out this form, please contact Katie Herrmann at 803.896.9672*

 *or Susan Browning at 803.896.8082.*