

## Work Schedule Rule Change Request Form

| mployee's Name:                 |                             |                                      |                             |   |  |
|---------------------------------|-----------------------------|--------------------------------------|-----------------------------|---|--|
|                                 | Last Name                   | First Name                           | Middle Initial              |   |  |
| ersonnel Number:                |                             | Purpose:                             |                             |   |  |
| 3130111101 TV4111001            | 8 Digits                    |                                      | e.g., promotion, ex         |   |  |
| Current Work Schedule Rule Code |                             | New \                                | New Work Schedule Rule Code |   |  |
|                                 |                             |                                      |                             |   |  |
|                                 |                             |                                      |                             |   |  |
| Effective Date of N             | lew Work Schedule           | Rule:                                | s must be effective on      | the 2 <sup>nd</sup> or 17 <sup>th</sup> |  |
|                                 |                             | vv3N change.                         | s must be enective on       | the 2 of 17                             |  |
|                                 |                             |                                      |                             |   |  |
| Supervisor's Name               |                             | Supervisor's Signature               |                             | Date                                    |  |
|                                 |                             |                                      |                             |   |  |
| Time Administrator's Name       |                             | Time Administrator's Signature       |                             | Date                                    |  |
|                                 |                             |                                      |                             |   |  |
|                                 | English a                   |                                      |                             |   |  |
|                                 |                             | completed form to:<br>roll@SCDPS.gov |                             |   |  |
| If                              |                             |                                      |                             | DDC                                     |  |
| iryou nave questic              | ons, contact <u>Johnnyb</u> | oston@SCDPS.gov o                    | or <u>Dianabrown@SC</u>     | DF3.gov.                                |  |
|                                 |                             |                                      |                             |   |  |
| OHR USE ONLY:                   |                             |                                      |                             |   |  |
|                                 |                             |                                      |                             |   |  |
| Processed By (Name)             | )                           | Signature                            |                             | Date                                    |  |