REVISED MAY 2026

south carolina
DEPARTMENT of PUBLIC SAFETY
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Work Schedule Rule Change Request Form

Employee's Name: _____
Last Name *First Name* *Middle Initial*

Personnel Number: _____ Purpose: _____
8 Digits *e.g., promotion, extended leave, etc.*

Current Work Schedule Rule Code	New Work Schedule Rule Code
Choose one	**Choose one**

Effective Date of New Work Schedule Rule: _____
WSR changes must be effective on the 2nd or 17th

_____ _____ _____
Supervisor's Name *Supervisor's Signature* *Date*

_____ _____ _____
Time Administrator's Name *Time Administrator's Signature* *Date*

Email the completed form to:
OHRPayroll@SCDPS.gov

If you have questions, contact JohnnyBoston@SCDPS.gov or SandraDuffy@SCDPS.gov.

OHR USE ONLY:

_____ _____ _____
Processed By (Name) *Signature* *Date*