

County of Gloucester
Human Resources Manual

CHAPTER:	7 – CONDUCT AND PERFORMANCE	ADOPTED: 4/18/18
SECTION:	4 – HOURS OF WORK	REVISED:

EXHIBIT A – SCHEDULE CHANGE REQUEST FORM

Employee Name:	
Department:	
<i>Requested Schedule</i>	
Start:	
End:	
Lunch:	
Workweek:	
Reason for requested schedule change:	
Effective Date:	
Expected Duration:	
Employee Signature	Date
Department Recommendation:	Yes or No
Department Head/Designee Signature	Date
Department Comments:	
Administration Approval:	Yes or No
Administrator/Designee Signature	Date