

County of Gloucester
Human Resources Manual

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|-----------------|------------------------------------|-------------------------|
| CHAPTER: | 7 – CONDUCT AND PERFORMANCE | ADOPTED: 4/18/18 |
| SECTION: | 4 – HOURS OF WORK | REVISED: 5/22/24 |

EXHIBIT A – SCHEDULE CHANGE REQUEST FORM

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|--|------------------|
| 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 |