CHANGE IN WORK SCHEDULE / CHANGE IN HOURS REQUEST FORM
(To be used to document changes lasting more than two pay periods. Exceptions: The following work schedule changes must always be documented: 1) Changes to Intermittent, and 2) Changes from Full Time to Part Time.)

1. Employee Name
2. EHRP EMPLID
3. Position Number

4. Effective Date of Change
5. Institute or Center
6. CSD Contact Person & Phone #

7. Details of Work Schedule Change

<table>
<thead>
<tr>
<th>Appointment Type (Check One):</th>
<th>Permanent Appointment</th>
<th>Temporary Appointment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health Benefits (Check One):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Insurance (Check One):</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Current Work Schedule is:  
- Full Time  
- Part Time working ___ hours per pay period  
- Intermittent

New Work Schedule will be:  
- Full Time  
- Part Time working ___ hours per pay period  
- Intermittent

<table>
<thead>
<tr>
<th>Weekday</th>
<th>From (time)</th>
<th>To (time)</th>
<th>Work Hours Per Day*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Hours per Pay Period:

*A tour of over 5 hours but less than 8 hours may be extended by one half-hour to allow for an unpaid meal break. A tour over 8 hours must be extended by one half-hour to provide for an unpaid meal break.

8. Employee Acknowledgement and Signature

☐ I understand that this change may result in one or more of the following:
1. An intermittent employee does not earn leave.
2. A part time employee will earn leave according to the hours worked per pay period.
3. A part time employee is not entitled to the full Government contribution under the Federal Employees Health Benefit Program. Only a portion of the Government contribution is paid toward the total premium and this portion is based on the number of scheduled hours per pay period.

Employee Signature
Date

9. Approvals

Employee’s Supervisor (required)
Date

Timekeeper (required)  ☐ ITAS has been updated.
Date

Administrative Office (optional)
Date

Budget Office (optional)
Date

CSD Branch (required)
Date

CSD/OD Certification
☐ Position record has been modified.
Date

CSD/OD Certification
☐ PAR has been keyed.
Date
Instructions for Completion of Form
For
Change in Work Schedule / Change in Hours

1. Employee’s Responsibility

   Item 1 – Employee Name
   Item 4 – Effective Date of Change
   Item 5 – Institute or Center
   Item 7 – Details of Work Schedule Change
      a. Indicate current and new work schedules
      b. **PART TIME ONLY** - indicate days/hours and total hours per pay period for new work schedule
   Item 8 – Employee Acknowledgement and Signature

2. Timekeeper’s Responsibility

   Item 9 – Timekeeper signature; indicate that ITAS record has been updated.

3. Administrative Office Responsibility*

   Item 9 – Administrative Officer/Technician signature, if required.

4. Budget Office Responsibility

   Item 9 – Budget Officer signature, if required.

5. CSD Responsibility*

   Review Form for compliance with work schedule regulations
   Item 3 – Employee ID Number
   Item 3 - Position Number
   Item 6 – CSD Contact Person
   Item 9 – CSD Branch member signature, indicating that form has been reviewed and all approvals have been obtained.

6. CSD/OD Responsibility

   Item 9 – CSD/OD staff signature, indicating that the position record has been modified.

7. CSD/OD Responsibility

   Item 9 – CSD/OD staff signature, indicating that the PAR has been keyed.

*The action must be entered into EHRP. This may be done at the non-HR or CSD level.