



WORK SCHEDULE CHANGE REQUEST FORM

Employee Name: _____
First Name Last Name

Personnel Number: _____ **Date:** _____

Current Work Schedule Rule

New Work Schedule Rule

Effective Date of New Work Schedule Rule: _____

Supervisor Signature

Date

Time Administrator Signature

Date

**** Note: Save form after completing to save changes* ***

*Click Submit to email form to Johnny Boston and Diana Brown
JohnnyBoston@scdps.gov & DianaBrown@scdps.gov*

OHR Use

HR Signature

Date Changed

If you have any questions filling out this form, please contact Diana Brown at 803-896-8274