



**WALNUT VALLEY UNIFIED SCHOOL DISTRICT**

880 S. Lemon Avenue  
Walnut, CA 91789

**Request for a Change in Classified Employee Work Schedule**

**Supervisors:** After this form has been completed, please submit to Human Resources. Current work schedule shall remain unchanged until the change request is negotiated with CSEA and approved by Human Resources.

Employee Name \_\_\_\_\_

Job Title \_\_\_\_\_ Job Site \_\_\_\_\_

Current Hours From: \_\_\_\_\_ To: \_\_\_\_\_

Proposed Hours From: \_\_\_\_\_ To: \_\_\_\_\_

Request initiated by:  Employee \_\_\_\_\_  
Employee Signature Date  
 Supervisor  Other

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Choose one:**

Permanent  Temporary (more than 5 days) From: \_\_\_\_\_ To: \_\_\_\_\_

Does this change in shift alter earnings?  Yes  No

What affect (if any) will this change have on other employees?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is employee aware of proposed change?  Yes  No

Supervisor Signature: \_\_\_\_\_

Negotiated with CSEA Approval: \_\_\_\_\_  
Human Resources Date

*(Copy of the decision to be forwarded to Supervisor and Employee)*