

### **SCHEDULE CHANGE REQUEST FORM-CHICAGO**

**All employee-initiated schedule changes must be approved using this form. The form is to be completed by the affected employee and manager at or before the start of the schedule change.**

**Employee Name:** \_\_\_\_\_ **Employee ID #:** \_\_\_\_\_

**Date of request:** \_\_\_\_\_ **Time of request:** \_\_\_\_\_

**Location:** \_\_\_\_\_

☐ **I would like to request a change to the posted schedule**

- I would like to voluntarily **DROP** the following shift(s) or hours from the posted schedule:

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

\*I understand that I am waiving my right to predictability pay as listed in MCC 6-110-050, this schedule change was Employee-initiated (either by me, or in response to the availability of a voluntary reduction of hours)

\_\_\_\_\_ **(EMPLOYEE INITIALS)**

- I would like to voluntarily **ADD** the following shift(s) or hours:

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

\*I understand that I am waiving my right to predictability pay as listed in MCC 6-110-050, this schedule change was Employee-initiated (either by me, or in response to the availability of additional voluntary shifts)

\_\_\_\_\_ **(EMPLOYEE INITIALS)**

**EMPLOYEE ACKNOWLEDGEMENT:** By signing below, I agree that I have requested the change to my work schedule indicated above.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **SCHEDULE SWAP REQUEST FORM-CHICAGO**

**All employee-initiated schedule swaps must be approved using this form. The form is to be completed by the affected employees and manager at or before the start of the schedule swap**

**Employee #1 Name:** \_\_\_\_\_ **Employee ID #:** \_\_\_\_\_

**Employee #2 Name:** \_\_\_\_\_ **Employee ID #:** \_\_\_\_\_

**Date of request:** \_\_\_\_\_ **Time of request:** \_\_\_\_\_

**Location:** \_\_\_\_\_

☐ **We would like to request the following schedule swap to the posted schedule**

Name: \_\_\_\_\_

Scheduled Shift: \_\_\_\_\_ Day: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Name: \_\_\_\_\_

Scheduled Shift: \_\_\_\_\_ Day: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

**EMPLOYEE ACKNOWLEDGEMENT:** By signing below, we agree that we have requested the change to our work schedules indicated above.

Employee #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_