



SANTA PAULA UNIFIED SCHOOL DISTRICT

Request for Change of Work Schedule – Classified Employees

Effective Date of Change: _____

Work Site: _____

Name: _____

Employee Phone Number: _____
(For CSEA purposes)

Present Position: _____

Current Number of hours employee works: _____

Reason for Change: _____

Current schedule: _____ am/pm to _____ am/pm Circle Days per week: M Tu W Th F

Lunch schedule (if applicable): _____

Proposed new schedule: _____ am/pm to _____ am/pm Circle Days per week: M Tu W Th F

Lunch schedule (if applicable): _____

The supervisor and employee have met regarding this change, and agree to the new schedule. This change reflects starting/ending times ONLY – it does not change daily amount of hours worked or days worked per school year.

Employee's Signature

Date

Supervisor's Signature

Date

Date received by CSEA: _____

____ I have spoken with the above-named employee, and he/she is in agreement with the new hours and no negotiation is needed.

____ I have spoken with the above-named employee, and he/she is NOT in agreement with the new hours. I will contact the Superintendent and employee to schedule a time to negotiate this change.

CSEA President

Date

Date received by Educational Support Center: _____
I have reviewed the above request and authorize the change in starting/ending times:

Superintendent Signature

Date

or

Designee

Date

NOTE: Please attach an explanation if this form does not allow adequate room for explanation
Original form to be retained in employee's personnel file – Please forward to Classified Human Resources Department.

Revised 2023

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