



**DeZavala-Shavano
Veterinary Clinic**

Schedule Change Request

(Please use ink pen.)

Name of employee _____

Fill this form out and give it to a member of management anytime there will be a change in the hours you normally work--absences, tardiness, working/trading other shifts. Shift changes are to be approved prior to working the new shift. For absences or anticipated lateness, please complete this form in advance unless something unforeseeable happens (i.e. illness, car trouble, etc.). In such case, turn it in immediately upon returning to work.

Date(s)	Reason for Schedule Change	How Affects Time Sheet	If working other shift, will this result
		<input type="checkbox"/> Take as vacation <input type="checkbox"/> Do not pay for time <input type="checkbox"/> Working other shift	<input type="checkbox"/> Yes *** <input type="checkbox"/> No <input type="checkbox"/> Uncertain
		<input type="checkbox"/> Take as vacation <input type="checkbox"/> Do not pay for time <input type="checkbox"/> Working other shift	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
		<input type="checkbox"/> Take as vacation <input type="checkbox"/> Do not pay for time <input type="checkbox"/> Working other shift	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
		<input type="checkbox"/> Take as vacation <input type="checkbox"/> Do not pay for time <input type="checkbox"/> Working other shift	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

***** Overtime hours must be approved by a member of management prior to working the overtime.**

Employee signature

Date

Management signature after reviewing

Date

Notes _____

