



WEEKLY SCHEDULE CHANGE FORM

STORE NO: _____

SCHEDULE DATE:

FROM	TO

Codes	Description
1	EMPLOYEE : <u>VOLUNTARILY</u> Went home /Stayed late / Did not work / Worked on Day off
2	EMPLOYER : <u>REQUESTED</u> Stay later / reduce hours /
3	EMPLOYEE : Swapped Shift
4	NO CALL NO SHOW (NCNS)
5	Counseling - Attach Write Up
6	Others

Change Date	Schedule Date	Employee Name	Type of Change code	Reason for Change/Comments	Employee Signature	Manager Initials

- If change is requested by employee over the phone, manager should note time of call in employee signature area.

Reviewed and Verified: _____



WEEKLY SCHEDULE CHANGE FORM

- If change is requested by employee over the phone, manager should note time of call in employee signature area.

Reviewed and Verified: _____