## Eastern Michigan University Human Resources

## **Food Service/Maintenance Shift Change Request Form**

Employee instructions: Complete top section of form, sign, retain copy and provide form to your department director.

I'm choosing to exercise m	y shift pr	eference option and	want to change f	from my current	
shift. My present shift is:				My preferred shift is:	
1 <sup>st</sup> Shift (start times from 5:00AM – 12:29PM)			1 <sup>st</sup> Shif	1 <sup>st</sup> Shift	
2 <sup>nd</sup> Shift (start times from 12:30PM - 8:59PM) 2 <sup>nd</sup> Shift					
3 <sup>rd</sup> Shift (start times from 9:00PM – 4:59AM) 3 <sup>rd</sup> Shift					
Reason for request (optional	nl):				
I understand that in accordathe employer shall have 20 shift change.  I understand that I may not	working	days from receipt of	f this request to c	coordinate the	
Signature	Date	Print Name		Seniority Date	
Home Telephone #	one # Work Telephone #				
Department Use Only: Received by			Date		
20 days		Shift Change Com	ıpleted		
Month Date New Shift and Location:	Year		Date		
Person Displaced:			Effective: _		
Department Director			Date	_	

Department instructions: Complete lower section and provide copy to employee and AFSCME Union President; Forward original with PAF reflecting transfer action to Human Resources, 140 McKenny Hall.