

NYC Temporary Schedule Change Request Form

I would like to request a temporary schedule change. I am currently scheduled to work:

DAY	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
End Time					

TOTAL HOURS PER WEEK: _____

My request for this temporary schedule change is due to the Qualifying Personal Event:

CHECK	QUALIFYING PERSONAL EVENT
	The need to care for a child under the age of 18 with direct and ongoing care
	The need to care for a care recipient with direct and ongoing care
	The need to attend a legal proceeding or hearing for public benefits to which the employee, a family member, or the employee's minor child or care recipient is a party

I am requesting the following temporary schedule below. Include **ONLY the date(s) of the temporary schedule change** in the date brackets. You are required to work your regular schedule all other days.

DAY (Enter Date)	Monday (/ /)	Tuesday (/ /)	Wednesday (/ /)	Thursday (/ /)	Friday (/ /)
Start Time					
End Time					

TOTAL TEMPORARY SCHEDULE CHANGE DAY(S): _____

TOTAL TEMPORARY SCHEDULE CHANGE HOURS: _____

I request these days to be applied to: (CIRCLE ONE) 1. PAID TIME OFF - You must request in ADP
2. UNPAID TIME OFF or 3. CHANGE IN HOURS NOTED ABOVE

I acknowledge that I have been given the Temporary Schedule Change Law Policy and Notice. I agree to return to work on: _____ and begin work at my regularly scheduled time.

Employee (Print) Employee (Sign) Date

- APPROVAL:**
1. Your request is granted as per this completed form.
 2. Your request is granted as unpaid time off.

You used _____ days of the allotted two (2) per calendar year. You have remaining TSC days _____.

- DENIAL:**
1. You have exceeded the number of allowable requests under the law.
 2. You do not have a qualifying reason for your request.

Director (Print) Director (Sign) Date

HR Director (Print) HR Director (Sign) Date