

# Request for Temporary Schedule Change- COVID 19 (Form)

Employee Names: \_\_\_\_\_

Date Requested: \_\_\_\_\_

## Request

Duration of the Change:

From: \_\_\_\_\_ To: \_\_\_\_\_

Current Schedule

Days: \_\_\_\_\_

Time: \_\_\_\_\_

Desired Change

Days: \_\_\_\_\_

Time: \_\_\_\_\_

Reason for Request

*A temporary schedule change may be requested in the event of a conflict relating to COVID-19. The reason for the request must be in accordance with the COVID-19 Policy. The duration of the request can be up to 6 weeks upon approval. The approval is at the discretion of the Company based on the Employee's standing, the length of change, needs of the employed location, and the impact of the change.*

\_\_\_\_\_  
General Manager

\_\_\_\_\_  
District Manager

