



Work Schedule Change Request

Completed forms should be emailed to payroll-services@iup.edu.

This form should not be completed for schedule changes due to a job posting or for schedule changes due to a change in the number of hours of work (FTE changes).

Employee Name _____ SAP Personnel # _____

Department _____ Bargaining Unit _____

Current work schedule _____ from _____ to _____ hours/week _____

rotation schedule (if applicable) _____

Requested work schedule _____ from _____ to _____

hours/week _____ uctv'f cvg"aaaaaaaaaaaaaaaaaaaaaa"gpf date _____

rotation schedule (if applicable) _____

Employee Signature Date

Supervisor Signature Date

Division Chief/VP Signature Date