

**NAVY REGION SOUTHEAST  
SLDCADA WORK SCHEDULE CHANGE REQUEST**

Name (Last, First, MI):		SSN:	Effective Date of Change:
Pay Plan:	Series:	Grade:	Hourly Rate:
Activity Assigned/UIC:		Shop:	Supervisor Assignment:
Exempt Employee?		Predetermined JON (new employees only):	

**I want to establish/change my work schedule to...**

WEEK 1		SUN	MON	TUE	WED	THU	FRI	SAT
Shift Schedule	In							
	Out							
Meal Break	From							
	To							
Hours scheduled								
If GS enter 0 If WG enter 1 <sup>st</sup> 2 <sup>nd</sup> or 3 <sup>rd</sup> shift								
Enter night differential hours								

WEEK 2		SUN	MON	TUE	WED	THU	FRI	SAT
Shift Schedule	In							
	Out							
Meal Break	From							
	To							
Hours scheduled								
If GS enter 0 If WG enter 1 <sup>st</sup> 2 <sup>nd</sup> or 3 <sup>rd</sup> shift								
Enter night differential hours								

Signature:	DSN Phone:	Email Address:	Date:
Supervisor Name:	DSN Phone:	Email Address:	Date:
Supervisor Approval Signature			