



ESTABLISHED 2013

SANTA PAULA UNIFIED SCHOOL DISTRICT

Governing Board
Jeri Mead, President
Chris Wilson
Daniel Sandoval
Gabriela Ornelas
Anna Villicana-Arroyo
Superintendent
Jeffrey Weinstein

Request for Change of Work Schedule – Classified Employees

Effective Date of Change: _____ Work Site: _____

Name: _____ Phone Number: _____

Present Position: _____

Reason for Change: _____

Current Hours: _____ to _____ Circle Days per week: M Tu W Th F

Proposed New Hours: _____ to _____ Circle Days per week: M Tu W Th F

The supervisor and employee have met regarding this change, and agree to the new schedule. This change reflects starting/ending times ONLY – it does not change daily amount of hours worked or days worked per school year.

Employee's Signature Date Supervisor's Signature Date

Date received by CSEA: _____

___ I have spoken with the above-named employee, and he/she is in agreement with the new hours and no negotiation is needed.

___ I have spoken with the above-named employee, and he/she is NOT in agreement with the new hours. I will contact the Superintendent and employee to schedule a time to negotiate this change.

CSEA President Date

Date received by Educational Support Center: _____

I have reviewed the above request and authorize the change in starting/ending times.

Superintendent Signature Date **or** _____
Designee Date

NOTE: Please attach an explanation if this form does not allow adequate room for explanation
Original form to be retained in employee's personnel file – Please forward to Classified Human Resources Department.

Revised 2019