



MACOMB

SCHEDULE CHANGE

EMPLOYEE NAME: _____ STATUS: _____

FLOOR: _____ SHIFT: _____

CHANGE SCHEDULE AS FOLLOWS: _____

CHANGE INITIATED BY: _____ MANAGEMENT DATE SUBMITTED: _____

(check one)

_____ EMPLOYEE

DATE APPROVED: _____ / _____ / _____ COORDINATOR'S SIGNATURE: _____

DATE DENIED: _____ / _____ / _____

CLERICAL USE ONLY

Date that change was correct on schedule & time card: _____

Clerk Signature: _____