

Schedule Change Request Form

Instructions: Complete one schedule request form per employee. Schedule Change Requests must be submitted a minimum of 5 business days prior to the request's effective date of change. Submit this form by emailing this request form or any additional questions to payroll@utsa.edu.

SUMMARY INFORMATION								
Effective Date of Change: _____ (MUST be a Monday)			Emp Job FTE: _____			Job FTE: _____		
Employee Name: _____						Employee ID: _____		
Email: _____						Phone: _____		
Job Title: _____								
Department ID: _____			Department Name: _____					
*Please select one of the following types and complete the schedule matrix:								
Positive/Punch Employee Request					Elapsed Employee Request			
Elapsed Employee Request:								
Complete schedule details below by entering the employee's hours to work for each work day.								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hrs
Scheduled Hrs								
Positive / Punch Employee Request:								
Complete schedule details below and OFF in the Time In field for non-worked days.								
Day	Time In	Time Meal Out	Time Meal In	Time Out	Total Hrs			
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
AUTHORIZATION								
_____ Employee Name			_____ Signature			_____ Date:		
_____ Supervisor Name			_____ Signature			_____ Date:		
Comments:								
*Any form that is incomplete will be returned to the department. Request is subject to approval by both the supervisor and the Payroll Department.								
PAYROLL OFFICE USE ONLY								
Approval/Denial Reason:								
_____ Payroll Authorization Name			_____ Signature			_____ Date:		