UTSA Financial Affairs

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 the change.

Summary Information		
Effective Change Date:	(must be a Monday) Empl Job FTE:	Job FTE:
Employee Name:	Empl ID:	Email:
Phone:	Job Title:	
Department Name:	Department ID:	

Select one of the following types and complete the schedule matrix	
Positive/Punch Employee Request	Elapsed Employee Request

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 Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

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 Hours
Scheduled Hours								

Authorization		
Responsible Parties	**Signature**	**Date**
Employee Name:		
Supervisor Name:		
Comments:		

Any form that is incomplete will be returned to the department.

The request is subject to approval by both the supervisor and the Payroll Management Services Department

Payroll Management Services Office Only		
Approval/Denial Reason:		
Responsible Parties	**Signature**	**Date**
Payroll Authorization Name:		

Submit this form by emailing this request form or any additional questions to payroll@utsa.edu.

Questions – Contact **Payroll Management Services** (210) 458-4280, payroll@utsa.edu