

**REQUEST FOR CHANGE IN WORK SCHEDULE
OR REDUCTION IN HOURS**

Name: _____ SSN: _____

Location: Northern Plains Agricultural Research Lab

1500 N Central Ave.

Sidney, MT 59270

TOUR OF DUTY CHANGE:

From: Full-Time

To: Part-Time

Part-Time

Intermittent

Intermittent

Full-Time

LWOP

LWOP

PART-TIME WORK SCHEDULE :

From: _____ hours per pay period

To: _____ hours per pay period

Tour of Duty: _____

Proposed Effective Date: _____

REMINDER: You should contact your Servicing Personnel Management Specialist to discuss how a change in work schedule or numbers of hours may affect your benefits and leave.

I acknowledge that this change in work schedule/hours has been initiated by me for my benefit. I understand that since this change is at my request; management is not obligated to return me to my previous work schedule or increase my hours at a later time.

Employee=s Signature: _____ Date _____