



TEMPORARY SCHEDULE CHANGE REQUEST FORM

Yeshiva University is committed to providing employees with the right to temporarily change their work schedule, in accordance with New York City's (NYC) Temporary Schedule Change Law. Eligible employees may request to change their work schedule, for certain "personal events," up to two days within a calendar year: **either two (2) separate occasions, each totaling one (1) business day or one (1) occasion of up to two (2) business days.**

SECTION 1 – EMPLOYEE

Date: _____ Name/Title: _____ Department: _____

Telephone #: _____ Email: _____

Reason for Request: _____

Is this your first request? _____ If not, Date of Prior Request: _____

Type of Temporary Schedule Change:

Paid Leave

Vacation

Sick (if applicable)

Unpaid Leave

Remote work (if applicable):

Modified Shift/Staggered Hours

Example:

DATE	CURRENT SHIFT/HOURS		DATE	MODIFIED SHIFT/HOURS		Comments
3/15/19	7 am	3 pm	3/15/19	3 pm	11 pm	Work Next Shift
5/1/19	8 am	4 pm	5/5/19	8 am	4 pm	Work on RDO
DATE	CURRENT SHIFT/HOURS		DATE	MODIFIED SHIFT/HOURS		Comments

Shift Swap

DATE	CURRENT SHIFT/HOURS		DATE	SHIFT SWAP/ HOURS		NAME/SIGNATURE OF EMPLOYEE WHO AGREED TO SWAP SHIFTS

Employee Signature: _____

SECTION 2 – SUPERVISOR/MANAGER

Approved

Denied

Name: _____ Signature: _____ Date: _____

1st Request

2nd Request

Remaining calendar days (current year) for Employee Temporary Schedule Changes

Comments: _____