



Wild Rose Public Schools
IUOE Hours Change Request

Employee Name: _____

Location: _____

Position: _____

Type of Change: ___ Increase or ___ Decrease

Current Hours Per Week: _____

New Hours Per Week: _____

Effective Date of Change: _____

1st of following month with 2 weeks notice given

Reason for hours change/Comments: _____

Breakdown of New Weekly Hours:

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours/Day					

Signature
Maintenance Supervisor

Date

For DO Use Only:

HR Supervisor Approval _____

Date: _____