



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:

1<sup>st</sup> of following month with 2 weeks notice given

Reason for hours change / comments:

Breakdown of new weekly hours:

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours per day					

\_\_\_\_\_  
Signature  
Maintenance Supervisor

\_\_\_\_\_  
Date

**For DO Use Only:**

HR Supervisor Approval \_\_\_\_\_

Date: \_\_\_\_\_