



Chaffey College

Work Schedule Change Notification

(Employer initiated in accordance with Article 9 of the District/CSEA Agreement)

Employee Name: _____

Department: _____

Position: _____

FTE (1.00 is full-time): _____ Hours per week: _____ Contract months: 10 11 12

Regular Schedule

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours (Start – End)	_____	_____	_____	_____	_____	_____	_____
Break Length (min. ½ hr. if applicable)	_____	_____	_____	_____	_____	_____	_____

New Schedule (effective dates): _____ through _____ or ONGOING

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours (Start – End)	_____	_____	_____	_____	_____	_____	_____
Break Length (min. ½ hr. if applicable)	_____	_____	_____	_____	_____	_____	_____

The following contractual conditions have been met:

Full-time: Scheduled 5/8 (five 8-hour days) or 4/10 (four 10-hour days) **OR** Part-time: Total hours per week equate to District assigned FTE

The days and hours are consecutive except for a 60-minute uninterrupted lunch break. **OR** The days and hours are consecutive except for a lunch break that is less than 60 minutes **as requested by the employee.**

Applicable shift differential if assignment is ONGOING or temporarily more than 5 days and
 scheduled 3 or more days past 6:00 pm
 scheduled 3 or more days past 7:00 pm
 scheduled 3 or more days past 9:00 pm
 scheduled past 12:00 am (midnight)
 scheduled with a split shift
 Campus Police Officer on rotating shift **OR** No shift differential applicable

OR No reduction from current schedule shift differential due to temporary nature of assignment (less than 20 days)

Supervisor's Signature

Date

Employee's Signature
Acknowledgement of Receipt

Date

Signature, CSEA Representative
Acknowledgement of Receipt

Date

Reviewed by Human Resources

Date