



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

PART-TIME SCHEDULE REQUEST (VOLUNTARY)

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name
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Business/Message Telephone	Alternative Telephone
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Current Position Number	Job Title	Department/ Division
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Indicate the number of hours you are *currently* scheduled to work each day each pay period.

Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri

PREFERENCES: In the event your Appointing Authority approves your request, please indicate the number of hours you desire to work each day.

Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri

I understand by volunteering to work a part-time schedule, I will work 72 hours or less per pay period and, if approved, the new tour of duty schedule will remain in effect until my Appointing Authority approves a change in my schedule. I understand the County cannot guarantee a date by which I may return to full-time employment.

Employee Signature	Date
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HR/ Employee Relations Use Only

General Fund Position: <input type="checkbox"/> Yes <input type="checkbox"/> No	HRBP assigned:												
HRBP Review: <input type="checkbox"/> Approve <input type="checkbox"/> Denied	Department Approval By:												
Comments:													
Effective Date:	Date Employee Notified:												
New Confirmed Schedule:													
Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

DISTRIBUTION:

Original – Employee Relations-HR (0440)