

Temporary Schedule Change Request Form

In accordance with New York City Temporary Schedule Change Law, eligible employees may request a temporary schedule change twice per calendar year, for up to one day per request (or two business days per calendar year for one request) for qualifying personal events. Please refer to your Supervisor or [Human Resources](#) for more information.

SECTION 1 – EMPLOYEE

Name: _____ Phone/Email: _____ Date: _____
 Position: _____ Department: _____
 Employee Signature: _____
 Reason for request: _____

Type of Schedule Change requested:

- ☐ Paid Leave: ☐ vacation ☐ personal ☐ *sick (*permissible for applicable personal events)
☐ Unpaid Leave
☐ Altered Schedule/Hours of Work
☐ Shift Swap *Employee taking your shift must sign to indicate their acceptance:
 If approved by the Supervisor, I, _____ agree to swap shifts as
 detailed below. Signature: _____
☐ Work from Home (where applicable)

Details of Schedule Change requested:

Current Schedule

	Day 1	Day 2
Date:		
Start Time:		
Finish Time:		
TOTAL HOURS:		

Requested Schedule Change

	Day 1	Day 2
Date:		
Start Time:		
Finish Time:		
TOTAL HOURS:		

SECTION 2 – SUPERVISOR

Supervisor Name: _____ Signature: _____ Date: _____
☐ Approved ☐ Denied Comments: _____

Based on the above, you may request _____ more temporary schedule changes this year.

NOTE TO SUPERVISOR: Upon completion of section 2, scan and email a copy to employeerelations@einsteinmed.edu.