



## ATTENDANCE/SCHEDULE ACCOMMODATION REQUEST

To initiate the request process, completed forms must be submitted to the Human Resources Department. You will receive notification once your request has been reviewed, indicating whether it has been approved, denied, or if additional information or documentation is required.

### Employee Information

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Department: \_\_\_\_\_ Manager: \_\_\_\_\_

Current Shift/Schedule: *Example: M-F; 8AM – 5PM* \_\_\_\_\_

Reason for Accommodation: *Briefly describe the circumstance requiring the exception.*

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### Request Details

Type of accommodation Requested: *(Check all that apply)*

- ☐ Late Arrival
- ☐ Early Departure
- ☐ Modified Shift Schedule *(Example: Work 8:30 AM – 5 PM instead of 8 AM – 4:30 PM.)*
- ☐ Other: \_\_\_\_\_

**Request Schedule Change** (only if applicable to request): *Example: Monday to Friday, 9:30 AM – 5:30 PM, ongoing until June.*

Workdays Affected: \_\_\_\_\_

New Shift Start Time: \_\_\_\_\_ New Shift End Time: \_\_\_\_\_

Duration of Accommodation: \_\_\_\_\_

### **Employee Acknowledgment**

I acknowledge this request is subject to review and approval and may be modified in accordance with operational or business needs. I understand additional documentation may be required to assess the necessity of the accommodation. I agree to promptly communicate any changes in my personal circumstances that may affect this request. Executive Management reserves the right to revise/suspend/terminate this accommodation at any time, with or without prior notice.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**Executive Management Review**

- ☐ Approved
- ☐ Denied
- ☐ Requires Further Discussion

**Additional Comments:** *(if needed)*

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**Approval Signatures:**

_____ Executive Signature	_____ Date
_____ Executive Signature	_____ Date
_____ Executive Signature	_____ Date

**Human Resources Use Only:**

Updated Payroll Company: ☐ N/A ☐ Updated DAC: ☐ N/A ☐

Updated Calendar/Schedule: ☐ Start Date: \_\_\_\_\_

_____ HR Signature	_____ Date
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