Work Schedule Change Notification

This form must be completed by the New Supervisor on the first day of new schedule

According to AFSCME's Collective Bargaining Agreement
Article 48 Wages
M. Shift Differential

1. Employees whose established work schedule begins after 2:00 p.m. shall be compensated over and above their regular rate of pay as follows:

   (a) Employees whose work schedule regularly begins between the hours of 2:00 p.m. and 9:59 p.m. shall receive an adjustment of one percent (1%) of their regular hourly rate of pay.

   (b) Employees whose work schedule regularly begins between the hours of 10:00 p.m. and 2:00 a.m. shall receive an adjustment of one and one-half percent (1.5%) of their regular hourly rate of pay.

2. All changes in shift differential will occur at the beginning of a pay period.

Employee Kent State ID Number: 8 _ _ _ _ _ _ _ _

Employee Full Name:_____

Please Print **Last** **First** **Middle**

Employee's Previous Schedule Information

Previous Department:
Previous Supervisor Name:
Employee Job Title:

Employee's Previous Schedule (Please indicate work day start and end times for each day)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Employee's New Schedule Information

New Department:
New Supervisor Name:
New Effective Date:

Employee's New Schedule (Please indicate work day start and end times for each day)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

This form is to be completed for Schedule Changes Only

New Supervisor Signature_____ **Date**_____

Employee Signature_____ **Date**_____

Email completed form to
Human Resources Records hr-records@kent.edu and
Payroll payroll@kent.edu

Effective 1/1/17