

# DCPS WORK SCHEDULE CHANGE

For use of this form, see DOD 7000-14-R, Aug 99, Financial Management Reg, Vol 8, Civilian Pay Policy and Procedures

SSN:	NAME:	UIC:	ORGANIZATION:	TAG GROUP:
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EFFECTIVE DATE:	T&A STATUS CODE:	AWS CODE:	TOUR OF DUTY:
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## PAY PERIOD TOUR OF DUTY

	SUN	MON	TUE	WED	THU	FRI	SAT	SUN PAY Y/N
WEEK 1								NA
SHIFT								
NIGHT DIFF								
WEEK 2								NA
SHIFT								
NIGHT DIFF								

UNGRADED EMPLOYEE: ROTATING SHIFT HOURS    (1) \_\_\_\_\_    (2) \_\_\_\_\_    (3) \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE SUBMITTED