

WORK SCHEDULE CHANGE

SSN: _____ NAME: _____ ACT UIC: _____ DIST: _____

EFFECTIVE DATE: _____ T&A STATUS CODE: _____ AWS CODE: _____

*****PAY PERIOD TOUR OF DUTY*****

	SUN	MON	TUE	WED	THR	FRI	SAT
WEEK 1	_____	_____	_____	_____	_____	_____	_____
SHIFT	_____	_____	_____	_____	_____	_____	_____
NIGHT DIFF	_____	_____	_____	_____	_____	_____	_____
WEEK 2	_____	_____	_____	_____	_____	_____	_____
SHIFT	_____	_____	_____	_____	_____	_____	_____
NIGHT DIFF	_____	_____	_____	_____	_____	_____	_____

TIMECARD DESTINATION _____

UNGRADED EMPLOYEE: ROTATING SHIFT HOURS (1) _____ (2) _____ (3) _____

CERTIFYING OFFICIAL SIGNATURE

DATE SUBMITTED

1. **AWS CODE:** Use "0" for not on 5-4-9 schedule and "6" for 5-4-9 schedule.
2. The "**Effective Date**" should be the **first day of the pay period** to be changed.
3. **Work schedule changes** must be **received by the CSR, O/USPFO-HI, three weeks prior to the start of the affected pay period.**

HIARNG FORM 157, 21 March 2002

DATE: _____

Approved

Laura J. Soares, LTC, Human Resources Officer