

# 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** for Army, USPFO-HI, must be sent to: \\ngnic2-15021-03\MMPA\TechPay,  
Air: 154CPTF.FMF.CUSTSERV@us.af.mil, **three weeks prior to the start of the affected pay period.**
- HING FORM 157, 4 June 2020 Version 2

DATE: \_\_\_\_\_

Approved

\_\_\_\_\_  
Pamela L. Ellison  
COL, USA  
Human Resources Officer