

# 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

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Pamela L. Ellison  
COL, AG, USA  
Human Resources Officer