



CITY OF PHILADELPHIA

DEPARTMENT OF PUBLIC HEALTH
Human Resources Office

SHIFT CHANGE REQUEST FORM

Employee Name (Print): _____ Payroll #: _____

Title: _____ Division & Unit: _____

Current Shift: Start time _____:_____ AM / PM End time _____:_____ AM / PM

Requested New Shift: Start time _____:_____ AM / PM End time _____:_____ AM / PM

Reason for Shift Change Request (*Attach supporting documentation, if applicable*): _____

Type of Shift Change Request: Temporary - List Dates: From: _____ To: _____
 Permanent

I understand that my shift change request is subject to approval by the appropriate authority.

Employee Signature _____
Date

FOR OFFICIAL USE ONLY

*First Level Approval: Supervisor**

Approve - Effective Date of Shift Change: _____
 Disapprove - Reason for Disapproval: _____

Supervisor Name (Print) _____
Supervisor Signature _____
Date

*Second Level Approval: Division Head**

Approve - Effective Date of Shift Change: _____
 Disapprove - Reason for Disapproval: _____

Division Head Name (Print) _____
Division Head Signature _____
Date

*Third Level Approval: PDPH Human Resources Director**

Approve - Effective Date of Shift Change: _____
 Disapprove - Reason for Disapproval: _____

Human Resources Director Name (Print) _____
Human Resources Director Signature _____
Date