



Request for Temporary Schedule Change for Personal Convenience

For my own personal convenience, I _____
hereby submit this written request for a temporary change in my regular schedule from
(date) _____ through _____

From Regular Schedule:	Change Schedule To:
BT—	BT—
ET—	ET—
SDO—	SDO—

I understand that should this request be granted, I will not be entitled to the payment of out of schedule premium for hours worked outside of and instead of my regular schedule.

Employee's Signature	Social Security No.	Date Signed	Pay Location
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I hereby condone and agree to the above request.

Steward's Signature	Date Signed	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (<i>Give reason</i>)	Processing Date	PSD Tech Initials
Supervisor's Signature	Date Signed	

The collection of this information is authorized by 39 USC 401, 1003, 1005, 5 USC 8339. It will be used to consider a temporary change of schedule. As a routine use, this information may be disclosed to a Federal agency when relevant to the administration of employee benefits and programs including EEO, to an appropriate law enforcement agency for investigative or prosecution proceedings, to a Congressional office at your request, to the OMB for review of private relief legislation, to a labor organization as required by NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary; however, if this information is not provided, it is possible that your request may not be granted.