UNIVERSITY of CALIFORNIA, SAN DIEGO
MEDICAL CENTER

AUTHORIZATION FOR CHANGES IN SCHEDULE ASSIGNMENTS

	Employee Name	ORIGINAL SCHEDULE			REQUESTED SCHEDULE		
		Day{S}	Date{s}	Time{s}	Day{S}	Date{s}	Time{s}
1							
2							
3							

COMMENTS/EXPLANATIONS

SIGNATURES

1. _____ Signature Date
2. _____ Signature Date
3. _____ Signature Date

Approval _____ Supervisor/Assistant Director
_____ Supervisor/Assistant Director

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