

Schedule Change Request Form

Today's date: _____

Team Member Name: _____

EID: _____

Scheduled on: _____

Location: _____

Time: _____

Certified? _____

Reason for Change(Check one):

Switch Days _____

Switch Times _____

Give up shift _____

Take shift _____

Team Member Name: _____

EID: _____

Scheduled on: _____

Location: _____

Time: _____

Certified? _____

Reason for Change(Check one):

Switch Days _____

Switch Times _____

Give up shift _____

Take shift _____

Please keep in mind that a schedule change request is only a request and can be denied due to business needs. This form is due at least 2 days before the requested date(s). If denied, both team members are responsible for showing up for their original scheduled shifts. Check sixflags.team to ensure that your schedule has been changed.

By signing below, you agree to adhere to the schedule change procedures and if approved, both team members are responsible for the new scheduled shift.

Signature: _____

Confirmed via phone

Signature: _____

Confirmed via phone

HR Scheduling use only:				
Check one:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date completed:	Initials:
Reason for request being denied:				

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