



TEMPORARY WORK SCHEDULE CHANGE FORM

Complete and provide a copy of this document to your Kelly Representative to request a temporary change to your work schedule. Approvals may be subject to local laws. The Kelly Representative will complete the bottom portion of this form and provide you with a copy.

Overview

This form applies in certain jurisdictions that allow qualified employees to make temporary changes to their work schedules for certain personal events. Employees must notify their direct supervisor and Kelly Representative as soon as they become aware of the need for a temporary work schedule change.

A "temporary change" means "a limited alteration in the hours or times that or locations where an employee is expected to work, including, but not limited to, using paid time off, working remotely, swapping or shifting work hours and using short-term unpaid leave" where applicable (further subject to any applicable state or local law).

A qualifying "personal event" is defined as

- the need for a caregiver to provide care to a minor child or care recipient;
- an employee's need to attend a legal proceeding or hearing for subsistence benefits to which the employee, a family member or the employee's care recipient is a party; or
- any circumstance that would constitute a basis for permissible use of local safe time or sick time laws, where applicable.

Employee Request

I certify that my request for a temporary change in work schedule is due to a qualifying personal event as described above.

Click here to enter the start date of the temporary change

Click here to enter the end date of temporary change

Description of temporary change: <insert description here>

Employee Name (printed) <insert full name here>	Date Requested Click here to insert date
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Completed by Kelly Representative

Approved:

Yes

Enter balance where applicable: <insert #> request(s) and <insert #> business day(s) remaining

No

If "No", describe reason for denial (refer to KellyWeb State-Specific Pages for Temporary Positions or contact Mailbox Legislative Implementation to review applicable law): <insert description here>

Name of Kelly Representative (printed) <insert full name here>	Date Reviewed Click here to insert date
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