



**CHANGE OF SHIFT FORM**

**Please note that all shift changes require supervisor approval; any shift changes that causes overtime or a person to work 16 hours or more require your supervisor to obtain approval from the Professional Manager in advance.**

<u>DSP Requesting Change of Shift</u>	<u>Date/Day</u>	<u>Shift</u>	<u>Reason</u>	<u>DSP Accepting</u>	<u>LSP Approval Date</u>	<u>Overtime (Y or N) If Y- See Next Column</u>	<u>Professional Manager Approval (Y or N) Date and Time</u>
<b>Example: Joe Professional</b>	<b>12/3/10 Saturday</b>	<b>7am-3pm</b>	<b>Unexpected Family Plans</b>	<b>Debbie I. Nice</b>	<b>Ima Supervisor 11/27/10</b>	<b>N</b>	<b>Yes- 12/1/10</b>

**ISL VARIANCE TRACKING FOR STAFF HOURS**

**Please note below the hours an individual is absent from the program or has additional staffing hours for appointments, work, school, etc.**

<u>Individuals Name</u>	<u>Date(s)</u>	<u>Time Out</u>	<u>Time Return</u>	<u>Reason</u>	<u>Hours Increased</u>	<u>Hours Decreased</u>
<b>Example: John C. Doe</b>	<b>11/19/14</b>	<b>1:00 p.m.</b>	<b>2:00 p.m.</b>	<b>Dr. Appointment</b>	<b>1</b>	
<b>John C. Doe</b>	<b>11/27/14 to 12/3/14</b>	<b>1:00 p.m.</b>	<b>5:00 p.m.</b>	<b>Went to visit family for Holidays</b>		<b>124</b>