

ONE TIME SCHEDULE CHANGES

JSS Staff rec'd/approved _____ (must speak with staff before leaving)

Client Name _____ Phone Number _____ Date submitted _____

Date of Change: 1. _____ Time Leave: _____ Time Return: _____ Purpose: work doctor probation other _____

Date of Change: 2. _____ Time Leave: _____ Time Return: _____ Purpose: work doctor probation other _____

Date of Change: 3. _____ Time Leave: _____ Time Return: _____ Purpose: work doctor probation other _____

Date of Change: 4. _____ Time Leave: _____ Time Return: _____ Purpose: work doctor probation other _____

Date of Change: 5. _____ Time Leave: _____ Time Return: _____ Purpose: work doctor probation other _____

Date of Change: 6. _____ Time Leave: _____ Time Return: _____ Purpose: work doctor probation other _____

PERSONAL TIME

Date: _____	Time Leave: _____	Time Return: _____	Purpose: _____	Location: _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Job Search: WK 1 () _____ Hours ; WK 2 () _____ ; Community Service _____ Hours ; WK 3 () _____ (<12) Hours