Change Working Day / Change Day off Request Form

Date …….

To HR & GA Sect. Manager

From I ……..……..……... ID Code ……...…… Position ……..… Section ……..……..…

Subject Request to Change Working Day / Change Day off

As per the section of …… has the necessary to Change Working Day / Day off

From ……...Shift……...Time …….

The Cause from this is ……

By shall come to come instead on …….Shift ……Time……..

Please be acknowledged and in informed to the section concerned and your subordinate to know this scheduled.

Best regards.

Approved by

……
Dept. Mgr. / Factory Mgr.
Date ……

Approved by

……
Sect. Mgr.
Date ……..

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