

**SUBSTITUTING WORK DAY REQUEST FORM  
FOR  
PUBLIC SAFETY**

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Employee Name (Please print) \_\_\_\_\_ Employee # \_\_\_\_\_

I am requesting to substitute one day of work for another day as a result of a personal obligation on:

Scheduled Day of the week \_\_\_\_\_ Date \_\_\_\_\_

Substituted Day of the week \_\_\_\_\_ Date \_\_\_\_\_

I will substitute the day within the same workweek as follows: (Fill in the date you are scheduled to work and the substituted date you are going to work.)

I understand that:

1. Any substituted day I work will not be paid at an overtime rate;
2. A separate written request is required for each substituted scheduled workday. If an employee knows in advance that he or she will be requesting substituted days to their scheduled workday for a personal obligation that will recur at a fixed time over a succession of weeks, the employee may request to substitute scheduled days for up to four (4) weeks in advance; provided, however that the substituted day of work must be performed in the same week that the scheduled day is lost.
3. My substituted work day request must be approved in writing before I change my regularly scheduled worked day off;
4. If I take time off and I am unable to work the substituted day for any reason, the hours missed will normally be unpaid;
5. If I work the substituted day before my regularly scheduled day that I plan to take off, I must take that time off, even if I no longer need the time off for any reason;
6. USD does not encourage, discourage, or solicit the use of switching regularly scheduled days of work.

Employee Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Title \_\_\_\_\_

The employee will still enter their time worked in Kronos and payroll will make the adjustment once the Substituted Work Day Request Form has been received. Any questions, please contact the Payroll Department at extension 4818.

Please forward to the Payroll Department in Maher Hall 112, fax (619) 260-2988, or email to payroll@sandiego.edu prior to the end of the pay period.