



## Bridgewater State University Classified Tour of Duty Change Form

<b>Name of Employee</b>	
<b>Department/Office</b>	
<b>Existing Tour/Days Off (Days, Hours, Lunch Breaks)</b>	
<b>New Tour/Days Off (Days, Hours, Lunch Breaks)</b>	
<b>Effective Date*</b>	

<b>Required Signatures</b>	<b>Date</b>
<i>Employee:</i>	
<i>Immediate Supervisor:</i>	
<i>Director/Department Head:</i>	

*\*If change in Tour of Duty is changed by management, a minimum of fourteen (14) calendar days written notice is required.*

***Please complete & return to the Office of Human Resources, Boyden Hall, Room 103***

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*Human Resources Use Only*

Banner ID \_\_\_\_\_

HRCMS ID \_\_\_\_\_

HR Initials \_\_\_\_\_ Date \_\_\_\_\_

Payroll Initials \_\_\_\_\_ Date \_\_\_\_\_