



State of Wyoming Military Department

5410 Bishop Boulevard
Cheyenne, Wyoming 82009-3320

MEMORANDUM FOR _____

SUBJECT: Emergency Work Schedule Change Request

1. I, _____ am requesting to change my work schedule effective _____ through _____.

Army Technician Air Technician State Employee AGR Title 5 NG

2. Requested work schedule (80 hours per two-week pay period):

3. Lunch Period (between 1100-1300):

4. Physical Training (PT) Days and Time:

5. JUSTIFICATION FOR CHANGE IN WORK SCHEDULE:

6. This memorandum will be stored with the employee's current WY TAG 15-E and will be removed from the folder when the emergency situation ends. The employee will revert back to their previous schedule at this time.

Select appropriate approval authority:

Army-Chief of Staff ___ Air-Wing Commander ___ Director of Joint Staff ___
Department of Military Affairs ___ Veterans' Commission ___

Approval Authority Signature: