**Schedule Change Request**

**Requests should be emailed to:** [melissa.espinoza@concentrix.com](mailto:melissa.espinoza@concentrix.com) **no later than 48 hours before the day(s) being requested.**

**This Schedule Change Request has not been approved unless indicated approved by Melissa Espinoza or Damian De Leon. You will receive a separate email confirmation of the rendered decision within 48 hours. If a decision is required prior to 48 hours, please speak with Damian De Leon in person.**

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| --- | --- | --- | --- | --- | --- | --- |
| **Today’s Date** | |  | | |  | |
| **First and Last Name** | |  | | |  | |
| **Schedule Change Request Type** | | | | | | |
| Schedule Swap | Unpaid Time Off | | PTO | Bereavement | | Other |
|  |  | |  |  | |  |
|  |  |  |  |  |  |  |

Instructions: Place an ‘X’ in the appropriate box. If Other, please use the space below to provide further details or approvals.

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| --- | --- |
| **Request Details** |  |
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| --- | --- |
| **Other Details** |  |
|  | |

**Filled Out by Leadership / Do Not Fill Out**

|  |  |  |
| --- | --- | --- |
| Reviewed By: | Decision | Decision Date |
|  |  |  |