



**NATIONAL CENTER FOR MENTAL HEALTH
HUMAN RESOURCE MANAGEMENT OFFICE
APPLICATION FOR CHANGE OF SCHEDULE**

*HRMO
Application COS
Rev. 0
13 May 2024*

Please write legibly or in PRINT, and put a check mark; tick the appropriate boxes.

LAST NAME		FIRST NAME		MIDDLE INITIAL	NAME EXTENSION
POSITION					
SERVICE	<input type="checkbox"/> Medical	<input type="checkbox"/> Ancillary	<input type="checkbox"/> Nursing	<input type="checkbox"/> Finance	<input type="checkbox"/> HOPSS
AREA OF ASSIGNMENT					
CONTACT NUMBER			EMAIL ADDRESS		

CHANGE OF SCHEDULE DETAILS

CURRENT SHIFT	NEW SHIFT

Reason / Purpose of Change of Schedule:

EFFECTIVITY DATE:

NOTE:

- Request must be submitted at least two (2) weeks prior to start date of the new schedule based on monthly cut-off (16th or 30th /31st day of the month).
- New Schedule shall be effective for at least three (3) months.

BASIS: Memorandum Order No. 2024-0014 dated February 1,2024

REQUESTED BY		NOTED BY	
EMPLOYEE SIGNATURE	IMMEDIATE SUPERVISOR	CHIEF OF SECTION	CHIEF OF SERVICE
DATE:	DATE:	DATE:	DATE:
RECOMMENDING APPROVAL		FINAL APPROVAL	
ELY H. ESPINOSA, JR., Rpm, MMHoA, MPM-HG		NOEL V. REYES, MD, FPPA, MMHoA	
CHIEF, HUMAN RESOURCE MANAGEMENT OFFICE		MEDICAL CENTER CHIEF II	
DATE SIGNED:		DATE SIGNED:	

Received by:

Name and Signature of HRMO Staff

Date: _____