

ONE TIME SCHEDULE CHANGES JSS Staff rec'd/approved _____ (must speak with staff before leaving)

Client Name _____ Phone Number _____ Date submitted _____

Date of Change:
 1. _____ **Time Leave:** _____ **Time Return:** _____ **Purpose:**
 work doctor probation other _____

Date of Change:
 2. _____ **Time Leave:** _____ **Time Return:** _____ **Purpose:**
 work doctor probation other _____

Date of Change:
 3. _____ **Time Leave:** _____ **Time Return:** _____ **Purpose:**
 work doctor probation other _____

Date of Change:
 4. _____ **Time Leave:** _____ **Time Return:** _____ **Purpose:**
 work doctor probation other _____

Date of Change:
 5. _____ **Time Leave:** _____ **Time Return:** _____ **Purpose:**
 work doctor probation other _____

Date of Change:
 6. _____ **Time Leave:** _____ **Time Return:** _____ **Purpose:**
 work doctor probation other _____

PERSONAL TIME

Date: _____	Time Leave:	Time Return:	Purpose:	Location:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Job Search: WK 1 () _____ Hours ; WK 2 () _____ ; Community Service _____ Hours ; WK 3 () _____ (<12) Hours