**SPECIAL REQUEST –FORM, SCHEDULING**

**PLEASE NOTE: FORM MUST BE COMPLETED IN FULL TO BE CONSIDERED. IN ADDITION, THE COMPLETED COPY MUST BE EMAILED TO YOUR CURRENT MANAGER, HUMAN RESOURCES** **HRFORMS@BCHSYS.ORG**AND YOUR STAFF SCHEDULER AT **STAFFSCHEDULING@BCHSYS.ORG**

|  |  |
| --- | --- |
| **NAME:**       | **DATE OF REQUEST:**       |
| **CURRENT DEPARTMENT & STATUS:**       |
| ***REQUESTED* EFFECTIVE DATE**      **DURATION OF REQUEST:** |

**REASON FOR REQUEST *()*:**

**PLEASE EXPLAIN IN FURTHER DETAIL THE REASON FOR YOUR REQUEST:**

***NOTE: ALL REQUESTS MUST BE SUBMITTED A MINIMUM OF TWO (2) WEEKS PRIOR TO THE SCHEDULE BEING POSTED. YOU WILL BE NOTIFIED BY YOUR MANAGER/STAFF SCHEDULER ONCE REQUEST HAS BEEN REVIEWED.***