

*The College of New Jersey
Notification of Shift*

Employee Name: _____

EmplID: _____

Department: _____

Indicate Shift Assignment: Day Shift Evening Shift Night Shift

Is This Assignment: Temporary Assignment Permanent Assignment

Begin Date: _____ End Date: _____

Reason for Change: _____

Supervisor Signature: _____ Date: _____

***The original form must be submitted to the Payroll Department. The form should be submitted no later than one week prior to the check date.**