

Change Quarter Off Duty (QOD)

Today's Date: _____

Name: _____

Employee ID: _____

Current Quarters Worked: Check the appropriate quarters.

Autumn Winter Spring Summer

Effective Date: _____

Quarters Worked Changed to: Check the appropriate quarters.

Autumn Winter Spring Summer

Employee Signature: _____ **Date:** _____

Human Resources Signature: _____ **Date:** _____

Director's Signature: _____ **Date:** _____