Consent to Schedule Change

Fair Workweek Requirements:

Under Chapter 9-4600 of the “Philadelphia Code” the Fair Workweek Employment Standards, employers must obtain employee consent in order to make the following schedule changes:

- Add hours to the posted work schedule
- Schedule a shift that falls under the 9 hours of rest requirement defined in the law

This form can be used in order to demonstrate compliance with changes to the Advance Notice of Work Schedule and the 9 hours of rest requirement. Employers may not retaliate against employees for exercising their rights under this law.

Nature of Change:

☐ Employer requested change  ☐ Employee requested change

Date of Consent: Date of Change:

_________________________________________________________________________  __________________________________________________________

Type of Schedule Change:

☐ Add time to work shift  ☐ Leave early or lateness (>20min)

☐ Subtract time to work shift or cancel shift  ☐ Shift swap or add shift

☐ Change date, time or location of work shift  ☐ Other_____________________________________

Compensation for employer requested change:

<table>
<thead>
<tr>
<th>Change made:</th>
<th>Predictability Pay:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer adds time to work shift, with no loss of hours</td>
<td>One hour at Employee’s rate of pay</td>
</tr>
<tr>
<td>Employer changes the date of a work shift</td>
<td>One hour at Employee’s rate of pay</td>
</tr>
<tr>
<td>Employer changes the time of a work shift</td>
<td>One hour at Employee’s rate of pay</td>
</tr>
<tr>
<td>Employer changes the location of a work shift</td>
<td>One hour at Employee’s rate of pay</td>
</tr>
<tr>
<td>Employer subtracts hours from a regular OR On-Call Shift</td>
<td>No less than one-half times Employee’s rate of pay per hour, for any scheduled hours the Employee does not work</td>
</tr>
<tr>
<td>Employer cancels a regular OR On-Call Shift including not calling in to work an On Call Shift</td>
<td>No less than one-half times employee’s rate of pay per hour, for any scheduled hours the employee does not work</td>
</tr>
</tbody>
</table>

Employee Signature and Date:  Supervisor Signature and Date:

_________________________________________________________________________  __________________________________________________________

Employers must keep record of this notice for two years.

The Office of Benefits and Wage Compliance  ●  Model Template for Fair Workweek
For more information, contact our office at Fairworkweek@phila.gov or call 215.686.0802