



**CALIFORNIA AUTOMOBILE MUSEUM**  
**DOCENT SHIFT CHANGE REQUEST**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**MY CURRENT SHIFT SCHEDULE IS:**

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

**REQUESTED SHIFT SCHEDULE:**

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

**I WILL BE UNAVAILABLE ON/FROM:**

FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RECEIVED AT FRONT DESK BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTE TO FRONT DESK:** PROVIDE A COPY TO DOCENT COUNCIL MEMBERSHIP CHAIR

Please return to:  
California Automobile Museum  
2200 Front Street, Sacramento, CA 95818

Or fax to:  
916-442-2646  
Attn: Front Desk