

WORK SCHEDULE FORM

The following work schedule and work hours are requested for:

Employee Name: _____
Personnel #: _____
Job Title: _____
Department/Section: _____
Requested Effective Date: _____ *(Must be beginning of a pay period)*

OPTION 1: Traditional Full-time Work Schedule

- Five (5) eight (8) hour workdays, Monday through Friday
 Daily work schedule: _____ A.M. to _____ P.M.
 Lunch *(check one)*: 30 minutes 1 hour

OPTION 2: Flexible Full-time Work Schedule

- Four (4) ten (10) hour workdays
 Daily work schedule: _____ A.M. to _____ P.M.
 Scheduled workday off (any day Monday – Friday): (Select one)
 Lunch *(check one)*: 30 minutes 1 hour
- Four (9) hour workdays plus one (1) four (4) hour workday
 Daily work schedule: _____ A.M. to _____ P.M.
 Four-hour workday (any day Monday – Friday): (Select one)
 Lunch *(check one)*: 30 minutes 1 hour
- Four (4) nine (9) hour workdays in one week of the pay period and four (4) nine (9) hour workdays plus one (1) eight (8) hour day in the other week of the pay period **(Available to Exempt employees only.)**
 Nine (9) hour workday schedule:: _____ A.M. to _____ P.M.
 Eight (8) hour workday schedule:: _____ A.M. to _____ P.M.
 Scheduled workday off (any day Monday – Friday): (Select one)
 Lunch *(check one)*: 30 minutes 1 hour

OPTION 3: Positive Time Entry (24/7)

- No pre-determined work schedule as provided for by Option 1 or 2 above. This option is usually reserved for part-time wage and student employees to allow for scheduling fluctuations. If a regularly-recurring work schedule is assigned, please indicate below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I have read and understand PPM #19, Work Hours and Work Schedules Policy. I understand that if business needs change, I may be required to change my work schedule accordingly upon immediate notice. Furthermore, if I choose a flexible work schedule, I may be compensated differently from others while traveling and when holidays fall within the workweek. I agree to these terms and conditions.

 Employee's signature

 Date

 Supervisor's signature

 Date