

## WORK SCHEDULE

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

FTE: \_\_\_\_\_

Department: \_\_\_\_\_

Hours/Week: \_\_\_\_\_

Building: \_\_\_\_\_

Room#: \_\_\_\_\_

Classification: \_\_\_\_\_

Non-Exempt  Exempt\*

Initial Work Schedule

Change to Work Schedule (Check one below, if applicable):

Employee has requested this change per the Collective Bargaining Agreement (CBA).

Employee has received written notice of this change in advance per the CBA.

### SCHEDULE

Permanent Schedule - Effective Date: \_\_\_\_\_

Temporary Schedule - Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

**\*Exempt employees do not report hours; please check the box for each work day scheduled.**

#### ON CAMPUS WORK HOURS

#### OFF CAMPUS WORK HOURS

#### MEAL BREAK

SUN \_\_\_\_\_ to \_\_\_\_\_

SUN \_\_\_\_\_ to \_\_\_\_\_

30 Min  60 Min

MON \_\_\_\_\_ to \_\_\_\_\_

MON \_\_\_\_\_ to \_\_\_\_\_

30 Min  60 Min

TUE \_\_\_\_\_ to \_\_\_\_\_

TUE \_\_\_\_\_ to \_\_\_\_\_

30 Min  60 Min

WED \_\_\_\_\_ to \_\_\_\_\_

WED \_\_\_\_\_ to \_\_\_\_\_

30 Min  60 Min

THU \_\_\_\_\_ to \_\_\_\_\_

THU \_\_\_\_\_ to \_\_\_\_\_

30 Min  60 Min

FRI \_\_\_\_\_ to \_\_\_\_\_

FRI \_\_\_\_\_ to \_\_\_\_\_

30 Min  60 Min

SAT \_\_\_\_\_ to \_\_\_\_\_

SAT \_\_\_\_\_ to \_\_\_\_\_

30 Min  60 Min

**Meal break: not less than 30 min or more than 60 min.**

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Appropriate Administrator Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Appropriate Administrator Name*