



## WORK SCHEDULE

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

FTE: \_\_\_\_

Center/Department: \_\_\_\_\_

Hours/week: \_\_\_\_\_

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.*

*Employee has received written notice of this change in advance per the Collective Bargaining Agreement.*

### SCHEDULE

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

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

#### WORK HOURS

#### LUNCH PERIOD

SUNDAY \_\_\_\_\_ to \_\_\_\_\_

30 ~~45~~ • 60 mins

MONDAY \_\_\_\_\_ to \_\_\_\_\_

30 ~~45~~ • 60 mins

TUESDAY \_\_\_\_\_ to \_\_\_\_\_

30 ~~45~~ • 60 mins

WEDNESDAY \_\_\_\_\_ to \_\_\_\_\_

30 ~~45~~ • 60 mins

THURSDAY \_\_\_\_\_ to \_\_\_\_\_

30 ~~45~~ • 60 mins

FRIDAY \_\_\_\_\_ to \_\_\_\_\_

30 ~~45~~ • 60 mins

SATURDAY \_\_\_\_\_ to \_\_\_\_\_

30 ~~45~~ • 60 mins

**Lunch Period:** Not less than 30 minutes or more than one hour

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
MPP Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MPP Supervisor Name