



# University Corporation at Monterey Bay

100 Campus Center – Ryan Ranch Seaside, CA 93955

## SCHEDULE DESIGNATION

**\*\*RETURN TO: Corporation Human Resources – Ryan Ranch**

Employee's Name \_\_\_\_\_

Department \_\_\_\_\_

Position \_\_\_\_\_

Reason \_\_\_\_\_

- School
- Personal
- Department Need (per department request)
- Medical (contact HR for leave information)

Starting date \_\_\_\_\_

Ending date \_\_\_\_\_

**SCHEDULE: (or you may attach a calendar indicating days and work hours)**

**Note: Lunch period not less than thirty (30) minutes.**

**DAY OF WEEK**

**HOURS**

**Monday** \_\_\_\_\_

\_\_\_\_\_

**Tuesday** \_\_\_\_\_

\_\_\_\_\_

**Wednesday** \_\_\_\_\_

\_\_\_\_\_

**Thursday** \_\_\_\_\_

\_\_\_\_\_

**Friday** \_\_\_\_\_

\_\_\_\_\_

I understand that the schedule must be compatible with office workflow and the department's ongoing needs and that it may be terminated at any time to accommodate those needs. I also understand that a reduction in hours may affect my benefit eligibility.

**Supervisor will be notified in advance should there be any deviation from this schedule**

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

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Corporation HR Signature \_\_\_\_\_ Date \_\_\_\_\_

*Original to Corporation HR personnel file*