Work Schedule Form

EmplID: Rcd:

Employee Name: Schedule ☐ New ☐ Change

Department Name: Department ID:

Schedule Effective Date:

Total Weekly Scheduled Hours for this Job: Percent of Time: %

Indicate Shift ID only if other than SFT1

Shift ID	Time Reporting Code	* Sun	* Mon	* Tue	* Wed	* Thur	* Fri	*Sat

* Report hours in decimals