

2018-2019

ANNUAL CLASSIFIED WORK SCHEDULE

Employee Name:

Employee's Title :

Work Schedule Start Date: Work Schedule End Date:

Schedule Type: ☐ Regular Work Schedule ☐ Alternative Work Schedule

Employee FTE:

Position Months Per Year: ☐ 9.5/175 Days ☐ 10 ☐ 11 ☐ 12

Week One

Day	Shift Begin Time	Lunch Time Start	Lunch Time End	Shift End Time	Total Hours Scheduled
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Week One Total Hours: 0.00

Week Two (Only complete if Week Two is different than Week One due to Alternative Work Schedule)

Day	Shift Begin Time	Lunch Time Start	Lunch Time End	Shift End Time	Total Hours Scheduled
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Week Two Total Hours: 0.00

Total Biweekly Hours*: 0.00

**Must equal 80 hours for Full-Time Alternative Work Schedules*

Employee Signature _____ Date _____

Supervising Administrator Signature _____ Date _____

Associate Vice President of Human Resources Signature _____ Date _____