

Work Schedule Form

Schedule New Change

Employee Name _____ (Last,First) Employee ID _____ Emp Rec # _____

Department Name _____ Department ID _____

Schedule Effective Date _____ (Sunday) End Date (if applicable) _____ (Saturday)

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

Shift 1st 2nd 3rd (Note • Shifts 2 and 3 are associated with a shift differential per collective bargaining agreements)

Rotation	Time Reporting Code	* Sun	* Mon	* Tue	* Wed	* Thur	* Fri	* Sat

* Report hours in decimals

Authorized by:

_____ Signature of Department Head

_____ Date

Prepared By _____ Email _____ Tel# _____ Date _____

HR Use Only

Schedule Template ID: _____

Shift ID (if applicable): _____

Start Date: _____ Target End Date: _____ Run Control: _____

Schedule Process Run Date: _____