

Work Schedule Form



Employee Name _____
(Last,First)

Schedule ☐ New ☐ Change

Department Name _____

Department ID _____

Schedule Effective Date _____
(Sunday)

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

Shift IDs:

SFT1 Shift 1
SFT2 Shift 2
SFT3 Shift 3
WKNSFT1 Weekend Shift 1
WKNSFT2 Weekend Shift 2
WKNSFT3 Weekend Shift 3

Authorized by:

Signature of Department Head

Date

Prepared By _____ Email _____ Tel# _____ Date _____