

## Work Schedule Form

Employee Name:						Pers. No.			
Office/Division/Bureau:									
Job Title:					Effective Date:				
<b>I am requesting the following work schedule (choose one) :</b>									
Option 1: Five 8-Hr Days  <input type="checkbox"/>		Option 2: Four 10-Hr Days  <input type="checkbox"/>		Option 3: Four 9-Hr Days + one 4-Hr Day  <input type="checkbox"/>		Option 4: Other (Please describe)  <input type="checkbox"/>			
Week 1 of pay period	Monday <i>am-pm</i>	Tuesday <i>am-pm</i>	Wednesday <i>am-pm</i>	Thursday <i>am-pm</i>	Friday <i>am-pm</i>	Saturday <i>am-pm</i>	Sunday <i>am-pm</i>		
Week 2 of pay period	Monday <i>am-pm</i>	Tuesday <i>am-pm</i>	Wednesday <i>am-pm</i>	Thursday <i>am-pm</i>	Friday <i>am-pm</i>	Saturday <i>am-pm</i>	Sunday <i>am-pm</i>		
<b><i>The Fair Labor Standards Act (FLSA) requires Non-Exempt employees have a work schedule of 40 hours in a 7 day work week (Monday thru Sunday).</i></b>									
<p><b>The following applies to employees participating in <i>Option 2</i>:</b></p> <ul style="list-style-type: none"> <li>• For a holiday work week, the employee will observe the day preceding or following the holiday as determined by the Appointing Authority when the holiday falls on their day off.</li> </ul> <p><b>The following applies to employees participating in <i>Option 3</i>:</b></p> <ul style="list-style-type: none"> <li>• When the holiday falls on their four (4)-hour work day, they will only be granted 4 hours of holiday leave on that day.</li> </ul> <p><b>In the event of an office closure, special leave will be granted in accordance with Civil Service rules if the office closure occurs on a scheduled work day.</b></p>									
Employee Signature						Date			
<input type="checkbox"/>	Approved								
<input type="checkbox"/>	Disapproved								
			Appointing Authority/Designee Signature			Date			
For H. R. use only:									
Date entered in ISIS:					Entered By:				

\*\*Timekeepers must keep a copy of this form in their records\*\*