



WORK SCHEDULE

Employee Name: _____
 Department: _____
 Building: _____
 Classification: _____

FTE: _____
 Hours/week: _____
 Room #: _____
 Non-Exempt . Exempt

- . Initial Work Schedule
- . Change to Work Schedule (*check one below, if applicable*):
 - . *Employee has requested this change per the Collective Bargaining Agreement (CBA).*
 - . *Employee has received written notice of this change in advance per the CBA.*

SCHEDULE

- . Permanent Schedule - Effective Date: _____
- . Temporary Schedule - Effective Dates: _____ to _____

ON CAMPUS WORK HOURS		OFF CAMPUS WORK HOURS		LUNCH	
SUN	_____ to _____	SUN	_____ to _____	30 mins	60 mins
MON	_____ to _____	MON	_____ to _____	30 mins	60 mins
TUE	_____ to _____	TUE	_____ to _____	30 mins	60 mins
WED	_____ to _____	WED	_____ to _____	30 mins	60 mins
THU	_____ to _____	THU	_____ to _____	30 mins	60 mins
FRI	_____ to _____	FRI	_____ to _____	30 mins	60 mins
SAT	_____ to _____	SAT	_____ to _____	30 mins	60 mins

Lunch Period: Not less than 30 minutes or more than 1 hour

 Employee Signature

 Date

 MPP Supervisor Signature

 Date

 MPP Supervisor Name

Cc: Personnel File
 Payroll