

Work Schedule Form

SHR_1_Payroll_Related_Documentsoe

EmpID: _____

Rcd: _____

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 _____