

## Work Schedule Selection

I wish to elect the following work schedule. I understand this schedule must be approved by my first-level and any higher-level supervisors. If approved, I understand it will continue until changed, except for extenuating circumstances.

## Basic Work Schedule (five 8-hour days, Monday through Friday)

My work hours will be \_\_\_\_\_

## □ Compressed Work Schedule (five-four 9-hour days)

My work hours will be \_\_\_\_\_\_. I understand my day off and my 8-hour day will be on a Friday.

I request the following work schedule:

□ A Schedule –  $1^{st}$  Friday of pay period off (Payday Friday) □ B Schedule –  $2^{nd}$  Friday of pay period off

Personnel Number	Employee Name
Date	Employee Signature
SUPERVISOR ACTIONS:	
Yes □ Approved	No 🗆 Not Approved
Supervisor Printed Name	Supervisor Signature

Date: \_\_\_\_\_

Promotions, demotions, transfers, or schedule changes will require a new form to be submitted to Human Resources.