

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 Sch	edule (five-four 9-hour days)
My work hours will be will be on a Friday.	I understand my day off and my 8-hour day
I request the following wo	ork schedule:
 □ A Schedule – 1st Frida □ B Schedule – 2nd Frida 	y of pay period off (Payday Friday) ny 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.