



Standard Weekly Schedule

Submit this form to Payroll each time a permanent weekly schedule change is made
(This form should not be used to request or report Flex Schedules)

Classification: Administrator Classified Confidential Manager

Name: _____ Employee ID #: _____

Department: _____ Location: _____

Weekly Schedule:

	Time In	Time Out	Total Hours	Approved Release Time
Sunday	_____	_____	_____	_____
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____

Total _____
(no more than 40 hours per week)

Monthly Approved Release Time:

(Classified staff are approved for 1 hour per month for the CSEA monthly meeting per the collective bargaining agreement)

For: _____ Hours: _____

For: _____ Hours: _____

For: _____ Hours: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____