**OFFICE OF HUMAN RESOURCES**

**Work Schedule**

HR Form# 101

**Please fill out the form and print it. After it has been signed, send the signed original to the Human Resources, Safety & Risk Management Office (ADM 252)**

|  |  |  |
| --- | --- | --- |
| **Effective Date:** |  | **Position Number(s):** |
| **Department:** |  | **AGY-UNIT-CLASS-SER** |
| **Classification:** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **SFSU ID:** |  |  |  |
| **Identify Position (check all that apply)** |  |  |
| **☐ Full Time** | **☐ Exempt** |  | **☐ 4/10 or 9/80 Plan** |
|  |  |  |  |
| **☐ Part Time** | **☐ Non-Exempt** |  | **☐ Other:** |
|  |  |  |  |
| **☐ Hourly** | **☐ Intermittent** |  |  |
|  |  |  |  |

* **This employee will work a schedule as indicated below. If a Permanent change to this schedule is made, a revised HR Form #101 is required before such change occurs.**

**☐This employee will work an irregular schedule varying according to workload requirements**

**PLEASE INDICATE BELOW SCHEDULE, TIME &DAYS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **HOURS** |  | **BEFORE LUNCH** | **LUNCH** |  |  | **AFTER LUNCH** |  |
|  | **DAYS** |  | **BEGINS** | **ENDS** | **BEGINS** |  | **ENDS** |  | **BEGINS** | **ENDS** |  |
|  | **SUNDAY** |  |  |  |  |  |  |  |  |  |  |
|  | **MONDAY** |  |  |  |  |  |  |  |  |  |  |
|  | **TUESDAY** |  |  |  |  |  |  |  |  |  |  |
|  | **WEDNESDAY** |  |  |  |  |  |  |  |  |  |  |
|  | **THURSDAY** |  |  |  |  |  |  |  |  |  |  |
|  | **FRIDAY** |  |  |  |  |  |  |  |  |  |  |
|  | **SATURDAY** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Employee Signature |  |  |  |  |  |  | Date |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Employee Name |  |  |  |  |  |  | Extension |  |
|  |  |  |  |  |  |  |  |  |
| Supervisor Signature |  |  |  |  |  | Date |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Supervisor Name |  |  |  |  |  |  | Extension |  |
|  |  |  |  |  |  |  |  |
| Dean/Director/Administrator Signature |  |  |  |  | Date |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Dean/Director/Administrator |  |  |  |  |  | Extension |  |