

Office of Management and Finance

Work Week Schedule Form

Employee _____

Pernr _____

Supervisor _____

Effective Date _____

Classification _____

My normal work schedule is:

- Standard – 8 hours/day; 5 days/week
- Compressed work week – e.g. 4 days/week, 10 hours/day; 4 days/week, 9 hours/day; 9/80 schedule (one day off every other calendar week)
- Part time _____ # of hours per week

My scheduled days and hours of work:

	Start time	End time
<input type="checkbox"/> Monday	_____	_____
<input type="checkbox"/> Tuesday	_____	_____
<input type="checkbox"/> Wednesday	_____	_____
<input type="checkbox"/> Thursday	_____	_____
<input type="checkbox"/> Friday	_____	_____
<input type="checkbox"/> Saturday	_____	_____
<input type="checkbox"/> Sunday	_____	_____

My scheduled lunch period: .50 .75 1.0

If 9/80 schedule:

Which day is your alternating day off? _____

In which work week of the pay period does your day off fall: 1st 2nd

Comments: (Provide detail if work hours, days, start or end time vary within the two-week pay period)

APPROVALS

Print

Signature

Date

Employee _____

Supervisor _____

With my signature, as supervisor I affirm the work schedule above complies with OMF Policy 3.01 Work Schedule in that it meets the bureau's operational needs and is permissible under City rules and labor contract provisions.

Copies:

Employee personnel file, OMF bureau/division
Timekeeper, OMF bureau/division