

FLSA WORK SCHEDULE FORM

Employee Name <i>(Please Print)</i>	Work Phone:
Employee ID:	Division:
Effective Date:	Exempt: <input type="checkbox"/> Non-Exempt: <input type="checkbox"/>

Please indicate your normal work schedule in the table below.

Week in Pay Period	WED	THU	FRI	SAT	SUN	MON	TUE	TOTAL
Week 1 (# of Hours)								0
Week 1 (Starting and Ending Time)								
Week 2 (# of Hours)								0
Week 2 (Starting and Ending Time)								

Employee's Signature:	Date:
Supervisor's Signature:	Date:

Please complete the form. Submit a copy to your supervisor. If you have a work schedule change in the future, complete a new form and submit to your supervisor.

Supervisors: If this schedule is approved, please sign the form and send a copy to Human Resources. This form will be used to establish the work schedule in the Payroll System.