

FLORIDA STATE COLLEGE AT JACKSONVILLE

WORK SCHEDULE FOR PART-TIME CAREER PERSONNEL

Employee Name (LAST, FIRST, MI)					EMPL ID Number	
Position Title P				osition Supervisor		
Campus/Center		Bldg./Room No.		Office Telephone Num		mber
Work Schedule Effective	ve Beginning	:				
Days Of Week	Morning Hours	Lunch Hours*	Afternoon Hours	Dinner Hour	Evening Hours	Daily Total Hour
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
* A minimum of 30 minutes must be scheduled.			Total Hours Per Week			
I acknowledge that wor	k schedule h	ours are subj	ect to change l	based on the	needs of the 0	College
check below if this employee is the for shift pay in accordance and Rule 6Hx7-3.21 (3).	Sign	Signature of Employee				
e Employee receive shift ential pay on their previous work ale?	Signature of Immediate Supervisor				Date	
s 🗌 No	Signature of Supervising Administrator				Date	