WORK SCHEDULE FOR PART-TIME CAREER PERSONNEL

## Position Title

Position Supervisor

Bldg./Room No.

Office Telephone Number

Work Schedule Effective Beginning:

| Days Of <br> Week | Morning <br> Hours | Lunch <br> Hours* | Afternoon <br> Hours | Dinner <br> Hour | Evening <br> Hours | Daily <br> Total <br> Hours |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Sunday |  |  |  |  |  |  |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| *A minimum of 30 minutes must be scheduled. |  |  |  |  |  |  |

I acknowledge that work schedule hours are subject to change based on the needs of the College.

Please check below if this employee is eligible for shift pay in accordance with Board Rule 6Hx7-3.21 (3).

Did the Employee receive shift differential pay on their previous work schedule?
YesNo

Signature of Employee

Signature of Immediate Supervisor

Signature of Supervising Administrator

Date

Date

Date

