

# WORK SCHEDULE DESIGNATION FORM

HR Date Stamp

**SECTION 1**

Employee Name \_\_\_\_\_ Title \_\_\_\_\_ Department \_\_\_\_\_

**SECTION 2**

Full Time 40 Hours

Permanent Part Time       
 Months Days Hours Swing Shift Graveyard Shift

**SECTION 3**

- New Schedule     Change in Schedule (Check all that apply)
- Employee requests schedule change                       Employer requests schedule change
  - Change is due to unanticipated work demand/no notice required.
  - Employee received written notice of change 10 working days in advance of the change.
  - Employee waives the 10 day notice requirement.
  - Employee is assigned to work no more than six hours in the day. *Employee and supervisor consent to waive the required 30 minute lunch.*

Reason for the Change \_\_\_\_\_

- Permanent Schedule    Effective Start Date
- Temporary Schedule    Effective Start Date                       Effective End Date

Daily Work Schedule				LUNCH PERIOD – Not less than 30 minutes per day nor more than 1 hour. Lunch breaks must be taken no later than the 5 <sup>th</sup> consecutive hour of work.	
	Start Time	End Time	Total Hours Per Day	Start Time	End Time
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Total Weekly Hours  Must equal approved Hours in Section 2

\_\_\_\_\_  
Employee Signature    Date

\_\_\_\_\_  
Department Supervisor Signature                      Date

\_\_\_\_\_  
Administrators Signature    Date

\_\_\_\_\_  
Human Resources Signature                      Date

**Instructions: Send Original Completed Form to Human Resources, Supervisor to keep copy in Department.**

HR Section:     Copy to Payroll     Copy in Personnel File

\_\_\_\_\_  
MPCEA Representative Signature                      Date