

**EMPLOYEE WORK SCHEDULE FOR REGULAR HOURS AND AWS**

Employee Name: \_\_\_\_\_

Effective Pay Period: \_\_\_\_\_

Termination Date: \_\_\_\_\_

	MON	TUES	WED	THURS	FRI		MON	TUES	WED	THURS	FRI
Start Time											
End Time											
Total Work Hours											

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_

Date: \_\_\_\_\_

\* This document becomes effective as of October 1, 2015.