

DOÑA ANA COUNTY HEAD START

WORK SCHEDULE FORM

NAME: _____ CENTER: _____ POSITION: _____

List daily work hours. Complete the Work Schedule Form whenever your work schedule changes. Route original to Supervisor and a copy to Central Administration.

	<u>Morning Work Schedule</u>	<u>AM Break</u>	<u>AM Total</u>	<u>Lunch Break Time</u>	<u>Afternoon Work Schedule</u>	<u>PM Break</u>	<u>PM Total</u>	<u>Total Hrs. Worked</u>
M	_____	_____	_____	_____	_____	_____	_____	_____
T	_____	_____	_____	_____	_____	_____	_____	_____
W	_____	_____	_____	_____	_____	_____	_____	_____
TH	_____	_____	_____	_____	_____	_____	_____	_____
F	_____	_____	_____	_____	_____	_____	_____	_____

*** Remember to add your time to & from any “non-work” activity (classes, exercise, etc.)**

To request a work schedule change during the program year, provide justification below:

 Employee Signature Supervisor’s Signature of Approval Date

* Work schedule may be changed based on program need. wksch/ADM/4.95 Revised 6/96 2.01 9.03 7.08 7.11