



Employee Name:	
Department:	
Supervisor Name:	

Employees please select one of the following options:

- A. I am an employee working 35 hours per week and I choose to work the following schedule Monday through Thursdays, from June 2nd through August 8th (excluding the week of Monday, June 30th as the College will be closed on Friday, July 4th in observance of Independence Day):
- | | |
|---|---|
| <u>With 1 hour for lunch</u> | <u>With 30 minutes for lunch</u> |
| <input type="checkbox"/> 8:00 a. m. to 5:45 p.m. | <input type="checkbox"/> 8:00 a.m. to 5:15 p.m. |
| <input type="checkbox"/> 8:30 a.m. to 6:15 p.m. | <input type="checkbox"/> 8:30 a.m. to 5:45 p.m. |
| <input type="checkbox"/> 9:00 a.m. to 6:45 p.m. | <input type="checkbox"/> 9:00 a.m. to 6:15 p.m. |
| <input type="checkbox"/> Other hours: _____ (as approved by your supervisor). | |

- B. I am an employee working 30 hours per week and I choose to work the following schedule Monday through Thursdays, from June 2nd through August 8th (excluding the week of Monday, June 30th as the College will be closed on Friday, July 4th in observance of Independence Day):
- | | |
|---|---|
| <u>With 1 hour for lunch</u> | <u>With 30 minutes for lunch</u> |
| <input type="checkbox"/> 8:00 a. m. to 4:30 p.m. | <input type="checkbox"/> 8:00 a.m. to 4:00 p.m. |
| <input type="checkbox"/> 8:30 a.m. to 5:00 p.m. | <input type="checkbox"/> 8:30 a.m. to 4:30 p.m. |
| <input type="checkbox"/> 9:00 a.m. to 5:30 p.m. | <input type="checkbox"/> 9:00 a.m. to 5:00 p.m. |
| <input type="checkbox"/> Other hours: _____ (as approved by your supervisor). | |

- C. I am opting to keep my 30 or 35 hour summer work schedule from Monday, June 2nd through Thursday, August 7th and I will charge my vacation, optional and/or free day time bank(s) one (1) day on each of the College designated Friday closings, a total of nine Fridays.

Employees: After making your selection, please print this form, sign below and forward it to your supervisor.

I certify that I have discussed and have agreed with my supervisor to work the above schedule:

Employee Signature: _____ Date: _____

Supervisors: Forward all forms with your signature to the Office of Human Resources **by August, 15, 2014.**

I certify that the above named employee has worked the above selected schedule:

Supervisor's Approval: _____ Date: _____