

TO: TIMEKEEPER

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

SUBJECT: APPROVED WORK SCHEDULE

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

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

Employee ID #: \_\_\_\_\_

(Last, First MI)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
From:								First Week of Pay Period
To:								_____
								Total Hours

Shift:

N/D

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
From:								First Week of Pay Period
To:								_____
								Total Hours

Shift:

N/D

Employee's Name	Date	Employee's Signature
Authorizing Official's Name	Date	Authorizing Official's Signature

Concur

Non-concur