Office of the Lieutenant Governor (OLG)

Department of Culture, Recreation and Tourism (DCRT)

**WORK SCHEDULE FORM**

The following work schedule and work hours are requested for:

|  |  |  |
| --- | --- | --- |
| **Employee Name:** |  | |
| **Personnel #:** |  | |
| **Job Title:** |  | |
| **Department/Section:** |  | |
| **Requested Effective Date:** |  | *(Must be beginning of a pay period)* |

**OPTION 1: Traditional Full-time Work Schedule**

Five (5) eight (8) hour workdays, Monday through Friday

|  |  |  |  |
| --- | --- | --- | --- |
| Daily work schedule: | A.M. | to | P.M. |
| Lunch *(check one)*: | 30 minutes | 1 hour | |

**OPTION 2: Flexible Full-time Work Schedule**

Four (4) ten (10) hour workdays

|  |  |  |  |
| --- | --- | --- | --- |
| Daily work schedule: | A.M. | to | P.M. |
| Scheduled workday off (any day Monday – Friday): | |  | |
| Lunch *(check one)*: | 30 minutes | 1 hour | |

Four (9) hour workdays plus one (1) four (4) hour workday

|  |  |  |  |
| --- | --- | --- | --- |
| Daily work schedule: | A.M. | to | P.M. |
| Four-hour workday (any day Monday – Friday): | |  | |
| Lunch *(check one)*: | 30 minutes | 1 hour | |

Four (4) nine (9) hour workdays in one week of the pay period and four (4) nine (9) hour workdays plus one (1) eight (8) hour day in the other week of the pay period **(Available to Exempt employees only.)**

|  |  |  |  |
| --- | --- | --- | --- |
| Nine (9) hour workday schedule:: | A.M. | to | P.M. |
| Eight (8) hour workday schedule:: | A.M. | to | P.M. |
| Scheduled workday off (any day Monday – Friday): | |  | |
| Lunch *(check one)*: | 30 minutes | 1 hour | |

**OPTION 3: Positive Time Entry (24/7)**

No pre-determined work schedule as provided for by Option 1 or 2 above. This option is usually reserved for part-time wage and student employees to allow for scheduling fluctuations. If a regularly-recurring work schedule is assigned, please indicate below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|  |  |  |  |  |  |  |

*I have read and understand PPM #19, Work Hours and Work Schedules Policy. I understand that if business needs change, I may be required to change my work schedule accordingly upon immediate notice. Furthermore, if I choose a flexible work schedule, I may be compensated differently from others while traveling and when holidays fall within the workweek. I agree to these terms and conditions.*

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*Employee’s signature Date*

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*Supervisor’s signature Date*