

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

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

Effective Pay Period: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Work Schedule:

Flexible Work Schedules:

Compressed Work Schedules (CWS):

Straight 8  
Maxiflex  
Gliding

4-10s  
5/4-9

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

**Please record "AWS" in the "Hours Worked" box indicating your AWS day(s). Do not record start and end times on your AWS day(s).**

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

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

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

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