EXAMPLE - Certificated Employee Work Schedule (174 Day) - Full Time
Fiscal Year 2016-17

Name Smith, John (Print) **Campus** SCC **Empl ID** 0000001

JULY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
Days Worked: 0						

AUGUST						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	X	X	X	X	X	20
21	X	X	X	X	X	27
28	X	X	X			
Days Worked: 13						

SEPTEMBER						
S	M	T	W	T	F	S
				X	X	3
4	5	X	X	X	X	10
11	X	X	X	X	X	17
18	X	X	X	X	X	24
25	X	X	X	X	X	
Days Worked: 21						

OCTOBER						
S	M	T	W	T	F	S
						1
2	X	X	X	X	X	8
9	X	X	X	X	X	15
16	X	X	X	X	X	22
23	X	X	X	X	X	29
30	X					
Days Worked: 21						

NOVEMBER						
S	M	T	W	T	F	S
		X	X	X	X	5
6	X	X	X	X	11	12
13	X	15	16	17	18	19
20	21	22	23	24	25	26
27	X	X	X			
Days Worked: 12						

DECEMBER						
S	M	T	W	5	F	S
				X	X	3
4	X	X	X	X	X	10
11	X	X	X	X	X	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
Days Worked: 12						

JANUARY						
S	M	T	W	T	F	S
1	2	X	X	X	X	7
8	X	X	X	X	X	14
15	16	X	X	X	X	21
22	X	X	X	X	X	28
29	X	X				
Days Worked: 20						

FEBRUARY						
S	M	T	W	T	F	S
			X	X	X	4
5	X	X	X	X	X	11
12	X	X	X	X	17	18
19	20	X	X	X	X	25
26	X	X				
Days Worked: 18						

MARCH						
S	M	T	W	T	F	S
			X	X	X	4
5	X	X	X	X	X	11
12	X	X	X	X	X	18
19	X	X	X	X	X	25
26	X	X	X	X	X	
Days Worked: 23						

APRIL						
S	M	T	W	T	F	S
						1
2	X	X	X	X	X	8
9	X	X	X	X	14	15
16	X	X	X	X	X	22
23	X	X	X	X	X	29
30						
Days Worked: 19						

MAY						
S	M	T	W	T	F	S
	X	X	X	X	X	6
7	X	X	X	X	X	13
14	X	X	X	X	X	20
21	22	23	24	25	26	27
28	29	30	31			
Days Worked: 15						

JUNE						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	
Days Worked: 0						

Total Days Worked:	174

Signed: _____ Date: _____
Employee

Approved: _____ Date: _____
Supervisor