

EMPLOYEE WORK SCHEDULE

Authority: Authority to request this information is found in: 5 USC § 301 (Authorizing Forms and Regulations); 5 USC § 6101 (Authorizing Establishment of Basic 40-hour Workweek, Employee Work Schedules and Issuance of Implementing Regulations); and E.O. 9397 (Use of Social Security Numbers).

Principal Purpose(s): The information you provide will be used to establish your work schedule.

Routine Use(s): Information you provide is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 CFR § 701.112, <http://www.privacy.navy.mil>.

Disclosure: Providing the requested information is voluntary. However, failure to do so may result in our inability to establish your hours of work and, therefore, to certify your hours worked for payment.

SSN:		NAME:				ACT/UIC:		SHOP:	
EFFECTIVE DATE:			T&A STATUS CODE:			AWS CODE:			
	SUN	MON	TUE	WED	THU	FRI	SAT		
WK1*									
SHIFT**									
NGT DIFF									
WK2*									
SHIFT**									
NGT DIFF									

*For WK1 and WK2 enter number of hours worked per day

**For shift, enter schedule (e.g. 0730-1600)

STANDING JOB ORDER:

EMPLOYEE IS AUTHORIZED TO RECEIVE CREDIT HOURS	YES	NO
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ADDITIONAL COMMENTS:

SUPERVISOR SIGNATURE:

DATE SUBMITTED: