

DAILY WORK SCHEDULE

SCHOOL YEAR _____

THIS IS A REVISION	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

Employee's Printed Name

YOUR PROGRAM ADMINISTRATOR

Position/Job Title

<i>Classification: please check one</i>	
<input type="checkbox"/>	<i>Administrator</i>
<input type="checkbox"/>	<i>Confidential</i>
<input type="checkbox"/>	<i>Licensed</i>
<input type="checkbox"/>	<i>Full Time Classified</i>
<input type="checkbox"/>	<i>Part Time Classified</i>

WORK LOCATION (please list the assigned district; Itinerants use SCESD)

*YOUR PHONE NUMBER:
TO BE USED IN VERETIME* _____

Employee's Signature

Date

YOU MUST COMPLETE ONE FORM PER JOB: IF YOU HAVE 2 JOBS YOU WILL NEED TO SUBMIT 2 FORMS FOR EXAMPLE: YOU ARE A SECRETARY M-W AND A CUSTODIAN TH-F ONE FORM MUST BE COMPLETED FOR EACH JOB

	Day Begins	Day Ends	Lunch Begins	Lunch Ends	Break Times	Total Hours To Work
Sun						
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						

POSITION REQUIRES A SUB	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF YOU ARE SCHEDULED TO WORK ON SATURDAYS OR SUNDAYS PLEASE USE THE SHADED LINES

Program Administrator's Signature

Date

If any changes are made in this schedule, you are required to complete a new form, and forward it to your Program Administrator for approval.

**PLEASE DISTRIBUTE THREE COPIES ONCE SIGNED BY ALL PARTIES:
DEPT SECRETARY EMPLOYEE PAYROLL**

FOR PAYROLL USE ONLY:	
ENTERED IN AESOP _____	EE ID NUMBER: _____
ENTERED IN VERITIME _____	LAST FOUR SS: _____
ENTERED ACA LOCATION IN AS400 _____	NOTES: _____ _____ _____ _____
ENTERED CYCLE IN AS400 _____	