



Please fill out the form and print it. After it has been signed, send the signed original to the Human Resources, Safety & Risk Management Office (ADM 252)

Effective Date:	Position Number(s):
Department:	AGY-UNIT-CLASS-SER
Classification:	_____
SFSU ID:	

**Identify Position (check all that apply)**

<input type="checkbox"/> Full Time	<input type="checkbox"/> Exempt	<input type="checkbox"/> 4/10 or 9/80 Plan
<input type="checkbox"/> Part Time	<input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Other:
<input type="checkbox"/> Hourly	<input type="checkbox"/> Intermittent	

This employee will work a schedule as indicated below. If a Permanent change to this schedule is made, a revised HR Form #101 is required before such change occurs.

This employee will work an irregular schedule varying according to workload requirements

**PLEASE INDICATE BELOW SCHEDULE, TIME & DAYS**

HOURS	BEFORE LUNCH		LUNCH		AFTER LUNCH	
	BEGINS	ENDS	BEGINS	ENDS	BEGINS	ENDS
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Employee Name Extension

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
Supervisor Name Extension

\_\_\_\_\_  
Dean/Director/Administrator Signature Date

\_\_\_\_\_  
Dean/Director/Administrator Extension