Print Clear Form

SAN FRANCISCO STATE UNIVERSITY

OFFICE OF HUMAN RESOURCES

Work Schedule

HR Form# 101

Please fill out the form and print it. After it has been signed, send the signed original to Human Resources (ADM 252), or via DocuSign.

Effective Date:	Dept Name:
Name:	SFSU ID Number:
Classification:	Employee Record Number:

Identify Position (check all that apply)

☐ Full Time	☐ Exempt	☐ 4/10 ☐ 9/80 off every other Select
☐ Part Time Time Base_____	☐ Non-Exempt	☐ Other:

☐ This employee will work a schedule as indicated below. If a change to current schedule is made, a revised HR Form #101 is required before such change becomes effective.

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

PLEASE INDICATE BELOW SCHEDULE, TIME & DAYS

HOURS	BEFORE LUNCH		LUNCH		AFTER LUNCH		TOTAL
DAYS	BEGINS	ENDS	BEGINS	ENDS	BEGINS	ENDS	HOURS
SUNDAY	select	Select	Select	Select	Select	Select	
MONDAY	Select	Select	Select	Select	Select	Select	
TUESDAY	Select	Select	Select	Select	Select	Select	
WEDNESDAY	Select	Select	Select	Select	Select	Select	
THURSDAY	Select	Select	Select	Select	Select	Select	
FRIDAY	Select	Select	Select	Select	Select	Select	
SATURDAY	Select	Select	Select	Select	Select	Select	
					TOTAL HOURS		0.00

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Supervisor Name: _____ **Phone :** _____

Dean/Director/Administrator Signature: _____ **Date:** _____

Dean/Director/Administrator Name: _____ **Phone:** _____