

College Assistant Work Schedule Confirmation

2019-2020

Fiscal year

Place check here if revising previously submitted schedule for the current fiscal year: **Revise Schedule**

Department

Building/Room Number

Supervisor (Last, First Name)

Work Phone

College Assistant (Last, First Name)

Please indicate the effective date & the weekly schedule:

Schedule Commence Date (REQUIRED)

Monday:	From	_____	To	_____	=	_____	hour(s)
Tuesday:	From	_____	To	_____	=	_____	hour(s)
Wednesday:	From	_____	To	_____	=	_____	hour(s)
Thursday:	From	_____	To	_____	=	_____	hour(s)
Friday:	From	_____	To	_____	=	_____	hour(s)
Saturday:	From	_____	To	_____	=	_____	hour(s)
Sunday:	From	_____	To	_____	=	_____	hour(s)

(One hour should be deducted for any shift of six hours or more)

Total hours for the week: _____

Supervisor Signature

Date

College Assistant Signature

Date

HR USE ONLY:

_____	_____	_____	_____	_____
Form Received	Badge #	Entered in Winstar	Last PAR Approved	Processor Initial