

DOÑA ANA COUNTY HEAD START

WORK SCHEDULE FORM

NAME: _____ CENTER: _____ POSITION: _____

List daily work hours. Complete the Work Schedule Form whenever your work schedule changes. Route original to Supervisor and a copy to Central Administration.

	Morning Work <u>Schedule</u>	AM <u>Total</u>	Lunch Break <u>Time***</u>	Afternoon Work <u>Schedule</u>	PM <u>Total</u>	Total <u>Hrs. Worked</u>
M	_____	_____	_____	_____	_____	_____
T	_____	_____	_____	_____	_____	_____
W	_____	_____	_____	_____	_____	_____
TH	_____	_____	_____	_____	_____	_____
F	_____	_____	_____	_____	_____	_____

***Remember to add your time to & from any “non-work” activity (classes, exercise, etc.)**

To request a work schedule change during the program year, provide justification below:

Employee Signature

Supervisor’s Signature of Approval

Date

****Work schedule may be changed based on program need.**

*****Direct service staff (teaching) lunch break not guaranteed, based on staff shortages.**