



BCGEU

PROPOSED MODIFIED WORK SCHEDULE

Please refer to Article 15 – Hours of Work and the Guidelines Modified Work Week Schedules Support Staff

NOTE: The completed schedule should be forwarded to Employee Relations for feedback, a minimum of two (2) pay periods before the proposed implementation date.

EFFECTIVE DATE: _____

NAME: _____ BANNER ID: _____
(please print) (required)

Table with 3 columns: Week, Day, Hours worked. Rows include Week 1 (Sun-Sat), Week 2 (Sun-Sat), and a total row for 70.00 hours.

Approved by Dept Supervisor/Manager: _____

Date: _____

Please forward to Employee Relations for final review and approval. Once approved, the schedule will be forwarded to Payroll, and the employee/supervisor will be advised.

Approved by Employee Relations Advisor: _____

Date: _____