FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE
WORK SCHEDULE
CAREER, PROFESSIONAL AND ADMINISTRATIVE PERSONNEL

Last Name First Middle Social Security Number

Position Title

Employee Classification Full-time ___ Part-time ___ Immediate Supervisor

( ) New Campus Address

Campus Building/Room Number Office Phone Number

( ) New Home Address

Street Address City/State Zip Code (Area Code) Home Phone

Work Schedule Effective Beginning _____

Days of Week	Morning Hours	Lunch* Hour	Afternoon Hours	Dinner Hour	Evening Hours	Daily Total Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
					TOTAL NUMBER OF HOURS PER WEEK	

*A minimum of 30 minutes must be scheduled

Please check below if this employee is eligible for shift pay in accordance with Board Rule 6Hx7-3.21 (3).

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Did the employee receive shift differential pay on their previous work schedule?
( ) Yes ( ) No

I acknowledge that hours are subject to change based on the needs of the college.

Signature of Employee Date

Signature of Supervisor Date

Signature of Department Head Date

APM 03-0801
HR013 (04/06) (3)