Electronic Communication Devices

Print Name _____ Soc. Sec. # _____

Effective Date: _____

Empl. ID: _____

	WEEK ONE		WEEK TWO	
DAY	START TIME	END TIME	START TIME	END TIME
Sunday	_____	_____	_____	_____
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____

_____

Supervisor Date Department ID Campus

_____

Business Manager Account Distribution

Payroll Only

Shift Earnings Code _____ Total Hours for Bi-weekly period _____

_____ _____