

PROPOSED MODIFIED WORK SCHEDULE

Support Staff

NAME(s): (please print)	SIGNATURE(s):
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Weeks 1 & 2 of cycle (must correspond with bi-weekly pay periods).	
	Hours Worked
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
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Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
TOTAL HOURS in 2 weeks	70

EFFECTIVE DATE:

Administrator: _____

_____ Date

Approved by: _____
 Human Resources Representative

_____ Date

_____ BCGEU Chair

_____ Date

Please return this schedule to the Human Resource Services for approval and distribution of copies to:

- Administrator
- Employee
- BCGEU Chair
- Payroll