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| Employee Name: | |
| Department: | |
| Supervisor Name: | |

Employees please select one of the following options:

A. I am an employee working 35 hours per week and I choose to work the following schedule starting Monday, May 20, 2024 through Thursday, August 15, 2024 (excluding the weeks of May 27, June 17, and July 1 as the college will be closed on Monday, Wednesday, and Thursday those weeks for the respective holidays):

With 1 hour for lunch

8:00 a. m. to 5:45 p.m.

8:30 a.m. to 6:15 p.m.

9:00 a.m. to 6:45 p.m.

Other hours: _____ (as approved by your supervisor).

With 30 minutes for lunch

8:00 a.m. to 5:15 p.m.

8:30 a.m. to 5:45 p.m.

9:00 a.m. to 6:15 p.m.

B. I am an employee working 30 hours per week and I choose to work the following schedule starting Monday, May 20, 2024 through Thursday, August 15, 2024 (excluding the weeks of May 27, June 17, and July 1 as the college will be closed on Monday, Wednesday, and Thursday those weeks for the respective holidays):

With 1 hour for lunch

8:00 a. m. to 4:30 p.m.

8:30 a.m. to 5:00 p.m.

9:00 a.m. to 5:30 p.m.

Other hours: _____ (as approved by your supervisor).

With 30 minutes for lunch

8:00 a.m. to 4:00 p.m.

8:30 a.m. to 4:30 p.m.

9:00 a.m. to 5:00 p.m.

C. I am opting to keep my 30- or 35-hour regular work schedule from Monday, May 20, 2024 through Thursday, August 15, 2024 and I will charge my vacation, optional and/or free day time bank(s) one (1) day (.86 for employees eligible for shorter hours), on each of the College designated Friday closings, a total of ten (10) Fridays.

Employees: After making your selection, please print this form, sign below and forward it to your supervisor.

I certify that I have confirmed with my supervisor to work the above schedule:

Employee Signature: _____ Date: _____

Supervisors: Please keep this form for your records.

Supervisor's Approval: _____ Date: _____