

EMPLOYEE WORK ASSIGNMENT FORM

NAME: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

WORKDAY ID: \_\_\_\_\_ IS THIS A CHANGE IN ASSIGNMENT: YES  NO

SUPERVISOR: \_\_\_\_\_ POSITION #: \_\_\_\_\_  
\*\*\*MUST include \*\*\*

CAMPUS LOCATION: Please choose primary location OCN  SEC  CLC  TCI

**Section One: PLEASE INDICATE YOUR WORK YEAR**

**STANDARD WORK YEAR EMPLOYEE:**

I WORK 12 MONTHS PER YEAR   
I WORK 11 MONTHS PER YEAR   
I WORK 10 MONTHS PER YEAR

OR

**FIXED WORK YEAR EMPLOYEE:**

FIXED CALENDAR 11 OVER 12   
FIXED CALENDAR 10 OVER 12   
FIXED CALENDAR 10 MONTH

**Section Two: PLEASE INDICATE THE HOURS YOU WILL WORK**

TOTAL HOURS CONTRACTED TO WORK PER WEEK:

Monday Total Hours:  Tuesday Total Hours:  Wednesday Total Hours:

\_\_\_\_\_ to \_\_\_\_\_ + \_\_\_\_\_ to \_\_\_\_\_ .  
am/pm am/pm am/pm am/pm

Thursday Total Hours:  Friday Total Hours:  Saturday/Sunday Total Hours:

\_\_\_\_\_ to \_\_\_\_\_ + \_\_\_\_\_ to \_\_\_\_\_ .  
am/pm am/pm am/pm am/pm

" + " INDICATES UNPAID LUNCH BREAK  CHECK IF SPLIT SHIFT IS REQUIRED

**Section Three: PLEASE COMPLETE ONLY IF THIS APPLIES TO YOUR SCHEDULE**

9 / 80 SCHEDULE  4 / 10 SCHEDULE  **REQUIRED: YES  NO**

**Section Four: ALL SIGNATURES ARE REQUIRED BEFORE TURNING IN TO PAYROLL**

\_\_\_\_\_  
Employee Signature (required) Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature (required) Date: \_\_\_\_\_

\_\_\_\_\_  
Dean Signature (if applicable is required) Date: \_\_\_\_\_

\_\_\_\_\_  
Division Vice President Signature (required) Date: \_\_\_\_\_

**THIS SECTION IS FOR PAYROLL USE ONLY:**

SHIFT DIFFERENTIAL: Evening 2.5 % on \_\_\_\_\_ of \_\_\_\_\_ FTE Annual: \$ \_\_\_\_\_  
Split 2.5 % on \_\_\_\_\_ of \_\_\_\_\_ FTE Annual: \$ \_\_\_\_\_  
Split 5% on \_\_\_\_\_ of \_\_\_\_\_ FTE Annual: \$ \_\_\_\_\_  
Night 5% on \_\_\_\_\_ of \_\_\_\_\_ FTE Annual: \$ \_\_\_\_\_