



Standard Work Week Exception Form

Name: _____

Supervisor: _____

Title: _____

Division/Unit: _____

Time Period: _____

Percent Appointment: _____

For the above time period, the employee and supervisor agree that the standard work week will be as follows:

Day	Scheduled Hours	Total hours
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Employee Signature Date

Supervisor Signature Date

Cabinet Officer Signature Date

Once signed by all parties send the original to Human Resources Office

Employees who do not submit a standard work week form will be given the default standard schedule of 7:45 a.m. to 4:30 p.m. Employees whose schedule changes on a semester to semester basis must submit a new form prior to the change in work schedule.