**NDE WORK SCHEDULE**

[ ]  Initial Schedule [ ]  Requesting change exceeding one month in duration

Approval is required by both the employee’s immediate supervisor and his/her Team Leader.

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| **EMPLOYEE ACTION:** |
| Name: Enter Employee Name | Date of Request: Click to enter a date |
| Title: Enter Employee Title | Effective Date: Click to enter a date |
| Schedule Requested: Day of the Week: Length of Lunch:Enter start time AM to Enter end time PM [ ]  Monday Choose length HourEnter start time AM to Enter end time PM [ ]  Tuesday Choose length HourEnter start time AM to Enter end time PM [ ]  Wednesday Choose length HourEnter start time AM to Enter end time PM [ ]  Thursday Choose length HourEnter start time AM to Enter end time PM [ ]  Friday Choose length Hour |
| Employee Signature: Date: |

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| **SUPERVISOR ACTION:** |
| [ ]  Approved[ ]  DisapprovedSignature:Date: | Additional Comments: |

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| **TEAM LEADER ACTION:** |
| [ ]  Approved[ ]  DisapprovedSignature:Date: | Additional Comments: |