

Notice of Work Schedule

Instruction: This form MUST be completed for all new hire/rehire actions and for all employee work schedule changes. Submit completed form to the Office of Human Resources (OHR) on or before the due date indicated below.

New/Rehire (establis	shing work schedu	le) - must be s	submitted with	PAN						
Existing Employee	(work schedule ch	ange) - must s	submit to OHF	R at least 3 wee	eks prior to ef	fective date				
Employee (Last, First MI)		CSUSM Employee ID		Job Code	Dept. ID	Union Code	Jnion Code Department Name		Name	Timebase
2-Week Work Period - Enter total hours worked each day (Do not include unpaid lunch period or overtime hours).										
	Work Period	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours	
Effective Date*	Week 1									
	Week 2				•					
* Enter hire date for new er	nployees or date of new	work schedule for	r existing employe	3.			2-Week	Total Hours	5	
MPP Signature:			9				Date:			

HR Analyst/Manager Signature:	Date:
Entered into PS: Initial:	Date: