



UMASS University of Massachusetts

Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Work Schedule Form**

Schedule:  New  Change

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Empl Rec #: \_\_\_\_\_

Department: \_\_\_\_\_ Department ID: \_\_\_\_\_

Schedule Effective Date: \_\_\_\_\_ End Date (if applicable): \_\_\_\_\_  
(Sunday) (Saturday)

Total Weekly Scheduled Hours for this Job: \_\_\_\_\_ Percent of Full Time: \_\_\_\_\_

Shift:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

(Note • Shifts 2 and 3 are associated to shift differential per collective bargaining agreements)

Rotation	Time Reporting Code	* Sun (1)	* Mon (2)	* Tue (3)	* Wed (4)	* Thur (5)	* Fri (6)	* Sat (7)

\* Report hours in decimals

Signature of Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

**HRMS – Office Use Only**

Schedule Template ID: \_\_\_\_\_  
 Shift ID (if applicable): \_\_\_\_\_

Info:

Start Date: \_\_\_\_\_ Target End Date: \_\_\_\_\_ Run Control: \_\_\_\_\_ Schedule Process Run Date: \_\_\_\_\_