

EMPLOYEE WORK SCHEDULE

JD-ES-329 Rev. 11-19

STATE OF CONNECTICUT

SUPERIOR COURT

www.jud.ct.gov

*(To be retained by Supervisor and updated as necessary)*

Note to employee - You must request permission from your supervisor to change your hours.

Name of Employee							
Total Hours Worked Weekly							
Hours Worked Daily	MON	TUES	WED	THUR	FRI	SAT	SUN
Start Time							
End Time							
Scheduled Lunch Period	From:			To:			
Additional Information:							

By completing and signing this form, you are agreeing to abide by these hours as closely as possible. We realize that situations occur beyond your control and if and when they do, please notify your supervisor as soon as possible.

Employee Signature

Date Signed

Approved by Supervisor

Date Signed