**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 Hour  Enter start time AM to Enter end time PM  Tuesday Choose length Hour  Enter start time AM to Enter end time PM  Wednesday Choose length Hour  Enter start time AM to Enter end time PM  Thursday Choose length Hour  Enter start time AM to Enter end time PM  Friday Choose length Hour | |
| Employee Signature: Date: | |

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| **SUPERVISOR ACTION:** | |
| Approved  Disapproved  Signature:  Date: | Additional Comments: |

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| **TEAM LEADER ACTION:** | |
| Approved  Disapproved  Signature:  Date: | Additional Comments: |