



Employee Name:	
Department:	
Supervisor Name:	

Employees please select one of the following options:

- A.** ☐ I am an employee working 35 hours per week and I choose to work the following schedule starting Monday, May 19, 2025 through Thursday, August 14, 2025 (excluding the weeks of May 26, June 16, and June 30 as the college will be closed on Monday, Thursday, and Friday those weeks for the respective holidays):

With 1 hour for lunch With 30 minutes for lunch

☐ 8:00 a. m. to 5:45 p.m. ☐ 8:00 a.m. to 5:15 p.m.

☐ 8:30 a.m. to 6:15 p.m. ☐ 8:30 a.m. to 5:45 p.m.

☐ 9:00 a.m. to 6:45 p.m. ☐ 9:00 a.m. to 6:15 p.m.

☐ Other hours: _____ (as approved by your supervisor).

- B.** ☐ I am an employee working 30 hours per week and I choose to work the following schedule starting Monday, May 19, 2025 through Thursday, August 14, 2025 (excluding the weeks of May 26, June 16, and June 30 as the college will be closed on Monday, Thursday, and Friday those weeks for the respective holidays):

With 1 hour for lunch With 30 minutes for lunch

☐ 8:00 a. m. to 4:30 p.m. ☐ 8:00 a.m. to 4:00 p.m.

☐ 8:30 a.m. to 5:00 p.m. ☐ 8:30 a.m. to 4:30 p.m.

☐ 9:00 a.m. to 5:30 p.m. ☐ 9:00 a.m. to 5:00 p.m.

☐ Other hours: _____ (as approved by your supervisor).

- C.** ☐ I am opting to keep my 30- or 35-hour regular work schedule from Monday, May 19, 2025 through Thursday, August 14, 2025 and I will charge my vacation, optional and/or free day time bank(s) one (1) day (.86 for employees eligible for shorter hours), on each of the College designated Friday closings, a total of ten (10) Fridays.

Employees: After making your selection, please print this form, sign below and forward it to your supervisor. **I certify that I have confirmed with my supervisor to work the above schedule:**

Employee Signature: _____ Date: _____

Supervisors: Please keep this form for your records.

Supervisor's Approval _____ Date: _____

