**WORK SCHEDULE FORM**

(To Be Completed by Employer/Management)

**\*\*For those companies that use the “Work Number” please complete the work schedule portion of this form and supply us with your “work number” company code for wage verification\*\***

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employ**ee** name & **complete** address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employ**er** name& **complete** address \*\*Company Code

**Hire** date / **Restart** date: \_\_\_\_\_\_\_\_\_ Position is: **10** month\_\_\_\_**12** month \_\_\_**Other** \_\_\_\_\_\_\_\_\_\_

Number of hours per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pay rate per hour $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Paid: Weekly\_\_\_\_\_\_\_\_\_\_ Bi-Weekly\_\_\_\_\_\_\_\_\_ Semi-Monthly\_\_\_\_\_\_\_\_ (ie. 1st & 15th or 15th & 30th)**

**Client’s work schedule (If hours vary state the last two weeks)**

|  |  |  |
| --- | --- | --- |
| DAY of WEEK | (example: 7:00am-3:00pm) | (11:00pm-7:00am) |
| **SUNDAY** |   |   |
| **MONDAY** |   |   |
| **TUESDAY** |   |   |
| **WEDNESDAY** |   |   |
| **THURSDAY** |   |   |
| **FRIDAY** |   |   |
| **SATURDAY** |   |   |

**Special arrangements** regarding work schedule (alternating work weeks, shifts, overtime)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Manager Name (**print**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DHS Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worker Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worker Fax: \_\_\_\_\_\_\_\_\_\_\_\_**